Schedule E)	PAGE 1 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O cossiste
Check if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee Mr. Timothy Hothoway	Date of Public Distribution/Dissemination
Mr. Timothy Hathaway	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6862 Elm St.	Amount
Unit 270	
City State Zip Code  Alexandria VA 22314	10.00 Transaction ID : a041c730-c417-49a9-b
	Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 201	
Tot Elocater for emice coagni	Other (specify)
Full Name of Payee Mr. Timothy Hathaway	Date of Public Distribution/Dissemination
	07 23 2014
Mailing Address 6862 Elm St.	Amount
Unit 270	0.20
City State Zip Code Alexandria VA 22314	0.30  Transaction ID: 9d266457-f44a-4f05-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 23 / Y 2014
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For: Primary X General 14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	10.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	James Kindstedt	07 23 / Y Y Y Y Y Y
	Mailing Address 5510 Dogwood Dr	Amount
	City State Zip Code	18.30
	Winston Salem NC 27105	Transaction ID : 2c94faea-8da8-4529-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 175466.55  2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  James Kindstedt	Date of Public Distribution/Dissemination
	Mailing Address 5510 Dogwood Dr	07 23 2014 Amount
	City State Zip Code	6.63
	Winston Salem NC 27105	Transaction ID : 748ab129-e447-4c05-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbute 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	24.93
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7:1 17	om / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	
_		

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OF

Schedule E)	DENT EXTEND	TOTILO	PAGE 3 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Joanna Kindstedt			07 23 2014
Mailing Address 2134 Tobaccoville Rd			Amount
City	State	Zip Code	18.30
Rural Hall	NC	27045	Transaction ID: 40077b27-ebb2-494d-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 DDD / YYYYY Y 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Gabriella E Hansen			07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 310 West Meath Drive			Amount
City	State	Zip Code	20.00
Winterville	NC	28590	Transaction ID : d7edf225-b690-4264-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	enditures		38.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent E.	rpenditures		<b>)</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07
3			

Schedule E)	IVI EXI EIVE	TIONES		PAGE 4 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	c Distribution/Dissemination
Allie Butler			07	23 / 2014
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		50.00
Ayden	NC	28513		ID: 8780c614-ebf8-4a5a-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 07	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	175466.55	Disbursement For: 2014 Other (s	Primary
Full Name of Payee			Date of Publ	ic Distribution/Dissemination
Allie Butler			07	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd			Amount	
City	State	Zip Code		18.60
Ayden	NC	28513		D: 8574e290-7ea4-4b7e-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	<sup>M</sup> 07	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	175466.55	Disbursement For: 2014 Other (s	Primary X General pecify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures			68.60
			7	7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			•	7 1 5 1
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or i	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 26	2014

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee Emily Butler	Date of Public Distribution/Dissemination
Littilly Butter	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1676 Shady Creek Rd	Amount
City State Zip Code	53.30
Ayden NC 28513	Transaction ID : d856629e-ecdc-4a87-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07
Name of Federal Candidate Support Office	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Lorri Anderson	07 23 2014
Mailing Address 7214 Duchamp Dr	Amount
City State Zip Code	30.00
Charlotte NC 23215	Transaction ID: 87c99f41-2a6c-4abd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 23 7 2014
Name of Federal Candidate Support Offic	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disk 201-	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	83.30
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignature	

Schedule E)	IDENT EXILEND			PAGE 6 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEG	C IDENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Lorri Anderson			M = M	
Mailing Address 7214 Duchamp Dr			Amount	23 2014
City	State	Zip Code		10.80
Charlotte	NC	23215		on ID: 4383c4bf-d9a2-47a5-9 isbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	23 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement Fo 2014 Other	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
Barbara A Williams			07	23 2014
Mailing Address 3002 Darden Rd			Amount	
Apt A	Chaha	Zin Onda		50.00
City Greensboro	State NC	Zip Code 27407		50.00 n ID: c802eb28-7ab1-4b52-8 isbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement Fo	r:
(a) SUBTOTAL of Itemized Independent Exp	penditures		· •	60.80
(b) SUBTOTAL of Unitemized Independent E	Expenditures		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· ·	4 1 4 1 4 1
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		26 2014
Signature				

Schedule E)	IVI EXI END	TIONES		PAGE 7 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Erika Burfield			M 07	23 / 2014
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		45.00
Hampstead	NC	28443		D : fa9bcea8-3cab-4648-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Public	c Distribution/Dissemination
Erika Burfield			07	23 / 2014
Mailing Address 2939 Country Club Drive			Amount	
City	State	Zip Code		5.40
Hampstead	NC	28443		D: 281862a9-3598-4c40-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · ·	175466.55	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expendit	ıres			50.40
			-	4 4
(b) SUBTOTAL of Unitemized Independent Expen	ditures		<b>•</b>	7 7
(c) TOTAL Independent Expenditures			•	7 1 2
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 / 26	2014
• · · · · · · · · · · · · · · · · · · ·				

Schedule E)	LXI LINDI	TOTILO		PAGE 8 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends rep	port filed o	on M = M / D = D / Y = Y = Y = Y
Full Name of Payee				Date of Public Distribution/Dissemination
Robin L Bennett				07 23 Y 2014
Mailing Address 3505 Beaumont St				Amount
Apt 13D				
<b>'</b>	tate	Zip Code		35.50
	MO	64850		<b>Transaction ID : 8dee1596-25bc-489a-9</b> Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00	1	07 / 23 / 2014
Name of Federal Candidate		Support	Office	Sought: House District: 00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbur 2014	sement For:  Primary  General  Other (specify) ▶
Full Name of Payee				Date of Public Distribution/Dissemination
Robin L Bennett				07 23 2014
Mailing Address 3505 Beaumont St				Amount
Apt 13D				
<b>1</b> ′	tate	Zip Code		44.40
	MO	64850		Fransaction ID: 8cbe4a19-d343-40a4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	2	07 / 23 / 2014
Name of Federal Candidate		Support	Office	Sought: House District:00
Mr. Mark L Pryor		X Oppose		President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbur 2014	sement For:
(a) SUBTOTAL of Itemized Independent Expenditures				79.90
(a) CODITION OF REMIEZOR INDEPENDENCE EXPONDING				10.00
(b) SUBTOTAL of Unitemized Independent Expenditures	S		···· <b>&gt;</b>	
(c) TOTAL Independent Expenditures			···· <b>&gt;</b>	1 1 7 1 1 7 1 1 7
Under penalty of perjury I certify that the independent exwith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan Signature	[Electroni	ically Filed] Da	ite 07	M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signaturo				

Schedule E)	PAGE 9 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Ame	ends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Damian B Robinson	07 23 2014
Mailing Address 701 Green Mountain Dr	Amount
Apt 1312	40.00
City State Zip Code Little Rock AR 72211	40.00  Transaction ID : 0041ef64-f414-415c-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	001 Disbursement of Obligation  07 23 2014
Name of Federal Candidate	upport Office Sought: House District: 00
Mr. Maril I. David	ppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 33647.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Damian B Robinson	Date of Public Distribution/Dissemination
Mailing Address 701 Green Mountain Dr	07 23 2014 Amount
Apt 1312	Allouit
City State Zip Code Little Rock AR 72211	Transaction ID : ce94ea67-e342-46ce-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 07 / 23 / 2014
Name of Federal Candidate Si	upport Office Sought: House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought 33647.17	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	48.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
Under penalty of perjury I certify that the independent expenditures reported here with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 26 2014
Signature	

			FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
VVO	men Speak Out PAC		C C00530766
Check	if 24-hour report X 48-hour report New report An	nends report file	d on Mam / Dab / Yayayay
	ull Name of Payee		Date of Public Distribution/Dissemination
	Jodi Fountain		07 23 2014
М	ailing Address 1010 S Dogwood Drive		Amount
Ci	ity State Zip Code		20.00
В	Bogalusa LA 70427		Transaction ID : d830bc40-e6fc-402d-b Date of Disbursement or Obligation
	urpose of Expenditure Salary  Category/ Type		07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Na	ame of Federal Candidate	Support Offic	ce Sought: House District: 00
N	1s. Mary L Landrieu	Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 73130.54	Disk 201	oursement For: Primary ⊠ General  Other (specify) ▶
	ull Name of Payee Amanda Boley lailing Address Split Oak Drive		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	ity State Zip Code		50.00
- 1	charlotte NC 28227		Transaction ID : ca89bf8c-4649-4003-a
	urpose of Expenditure Salary  Category/ Type		Date of Disbursement or Obligation  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	ame of Federal Candidate	Support Offi	ce Sought: House District: 00
Ν	As. Mary L Landrieu	Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 73130.5		bursement For: Primary General  Other (specify)   Other
(a)	SUBTOTAL of Itemized Independent Expenditures	·····	70.00
(b)	SUBTOTAL of Unitemized Independent Expenditures	·····	
(c)	TOTAL Independent Expenditures		
with	der penalty of perjury I certify that the independent expenditures reported hen, or at the request or suggestion of, any candidate or authorized committee try committee) any political party committee or its agent.		
_	Ms. Emily Buchanan [Electronically Filed] Signature	Date	07 26 2014
	Signature		

PAGE

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OF

FeC IDENTIFICATION NUMBER   Variable   Var		nedule L)	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Amanda Boley  Mailing Address Spik Oak Drive  Slate Zip Code Category' Doze Detection for Office Sought  Full Name of Payee Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  Category' Date of Public Distribution/Dissemination  Transaction D: 15511e33-bc81-4718-8  Date of Public Distribution/Dissemination  Transaction D: 15511e33-bc81-4718-	۷۷	omen Speak Out PAC	C C00530766
Amanda Boley  Mailing Address Spit Oak Drive  City State Zip Code charlotte NC 28227  Purpose of Expenditure Mileage  Name of Federal Candidate  Mailing Address A800 Vass Carthage Rd  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Payee  Rebecca Deucher  Name of Federal Candidate  Name of Spate  NC 28394  Purpose of Expenditure  Mailing Address A800 Vass Carthage Rd  Name of Federal Candidate  Name of Payee  Rebecca Deucher  Name of Federal Candidate  NC 28394  Name of Federal Candidate  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No 28394  Calendar Year-To-Date Per Election for Office Sought  No	Che	ack if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address Spilt Oak Drive  City State Zip Code NC 28227  Purpose of Expenditure NC 28227  Name of Federal Candidate Support Mileage Per Election for Office Sought 73130.54  Fall Name of Payer Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  Category' NC 2834  Purpose of Expenditure State Zip Code Carthage Rd  City State Zip Code Carthage Rd  Category' NC 2834  Purpose of Expenditure Salary  Purpose of Expenditure Salary  Purpose of Expenditure Salary  Purpose of Expenditure Salary  Name of Payer Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  Category' NC 28334  Purpose of Expenditure Salary  Name of Pederal Candidate Salary  Purpose of Expenditure Sal	T	Full Name of Payee	Date of Public Distribution/Dissemination
City State Zip Code (Category)		·	
Charlotte  NC  28227  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Rebecca Deucher  Mailing Address  4800 Vass Carthage Rd  NC  28394  Name of Federal Candidate  NC  Category/ Typp  Toffice Sought  Full Name of Payee Rebecca Deucher  Mailing Address  4800 Vass Carthage Rd  NC  Category/ Type  Toda  Transaction ID: b511 bc63-bc81-4/73-8  Date of Disbursement or Obligation  Todar (specify) ▶  Full Name of Payee Rebecca Deucher  Mailing Address  4800 Vass Carthage Rd  Transaction ID: b511 bc63-bc81-4/73-8  Transaction ID: b511 bc63-bc81-4/73-8  Date of Disbursement For: □ Primary ★ General Candidate  Transaction ID: b511 bc63-bc81-4/73-8  Date of Public Distribution/Dissemination  Toffice Sought: □ Date of Public Distribution/Dissemination  Transaction ID: 00a6ff7f-d8af-4a5b-B-Date of Disbursement or Obligation  Transaction ID: 00a6ff7f-d8af-4a5b-B-Date of Disbursement ID: 00a6ff7f-d8af-4a5b-B-Date of Disbursement or Obligation  Transaction ID: 00a6ff7f-d8af-4a5b-B-Date of Disbursement ID: 00a6ff7f-d8af-4a5b-B-Date of Disburse		Mailing Address Split Oak Drive	Amount
Charlotte  NC  28227  Purpose of Expenditure Mileage  Name of Federal Candidate  Ms. Mary L Landrieu  Calendry Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Ms. Mary L Landrieu  Calendry Year-To-Date Per Election for Office Sought  Purpose of Public Distribution/Dissemination  Tale of Public Distribut	ŀ	City State Zip Code	33.09
Purpose of Expenditure Mileage    Name of Federal Candidate			Transaction ID : b511bc63-bc81-47f3-8
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Rebecca Deucher  Rebecca Deucher  City State Variable Purpose of Expenditure Salary  NC  Category/ Name of Pederal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Transaction D: Obstrir-User-Indian Adshess Date of Public Distribution/Dissemination  Transaction D: Obstrir- data 4a5b-8 Date of Public Distribution/Dissemination  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement or Obligation  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement For:  Other (specify)  General  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement For:  Other (specify)  General  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement For:  Other (specify)  General  Other (specify)  General  Transaction D: Obstrir- data 4a5b-8 Date of Disbursement For:  Other (specify)  General  Other (specify)  Other (specify)  Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  IElectronically Filed)  Date of President State: A  Disbursement For:  Primary State Aa5b-8 Date of Disbursement For:  Other (specify)  President State:  Other (specify)  President State:  Other (specify)		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Mary L Landrieu  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  Catrhage  NC  Catrhage  NC  Catrhage  NC  Catsgory/ Salary  Category/ Type  Office Sought  Nord  Office Sought  Nord  Category/ Type  Office Sought  Nord  Office Sought  Nord  Office Sought  Nord  Office Sought  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanam  [Electronically Filed]  Date  President  Senate State: Nord  Transaction ID: 00a6ff7r-1881-4a5b-B  Date of Disbursement For:  Primary  General  Other (specify) ▶  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	ı	Name of Federal Candidate Support Office	Sought: House District:00
Per Election for Office Sought  Full Name of Payee Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  City State Zip Code Carthage NC 28394  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Category/  Category/  Category/  Category/  Category/  Category/  Oppose  President X Senate State: NC  Disbursement For: Primary General 2014  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify) ▶		Ma Manuel Landricu	
Full Name of Payee Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  City State Zip Code Carthage NC 28394  Purpose of Expenditure Salary  Category/ On1  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures.  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.		70400 54	
Rebecca Deucher  Mailing Address 4800 Vass Carthage Rd  Amount  City State Zip Code Carthage NC 28394  Purpose of Expenditure Salary  Name of Federal Candidate Support Ms. Kay Hagan  Name of Federal Candidate Support Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation  President Senate State: NC  Disbursement For: Primary General Other (specify)  General Other (specify)  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date To Table Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation  Transaction ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligation or Obligation of Obligation ID: 00a6f7f-d8af-4a5b-8 Date of Disbursement or Obligati	ŀ		Other (specify) -
Mailing Address 4800 Vass Carthage Rd  City State Zip Code NC 28394  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Amount  Amount  Transaction ID: 00a6ff7t-d8af-4a5b-8  Date of Disbursement or Obligation  Transaction ID: 00a6ff7t-d8af-4a5b-8  Date of Disbursement or Obligation  Transaction ID: 00a6ff7t-d8af-4a5b-8  Date of Disbursement or Obligation  Transaction ID: 00afff7t-d8af-4a5b-8  Date of Disbursement For: Primary Senate Nate: NC  To Disbursement For: Primary Senate Nate: NC  Persident X Senate State: NC  To Disbursement For: Primary Senate Nate: NC  President X Senate State: NC  Other (specify) Primary Senate Nate: NC  To Disbursement For: Primary Senate Nate: NC  Disbursement For: Primary Senate Nate: NC  To Dis			M = M / D = D / Y = Y = Y
Carthage NC 28394  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 00a6ff7f-d8af-4a5b-8 Date of Disbursement or Obligation  Mo?	-	Mailing Address 4800 Vass Carthage Rd	لىنىا لنا لنا
Carthage NC 28394  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 00a6ff7f-d8af-4a5b-8 Date of Disbursement or Obligation  Mo?	ŀ	City State Zin Code	65.00
Purpose of Expenditure Salary    Category/ Type			Transaction ID: 00a6ff7f-d8af-4a5b-8
Ms. Kay Hagan    Calendar Year-To-Date   Per Election for Office Sought   175466.55   Disbursement For:   Primary   General	-	Salany Category/ 001	M = M / D = D / Y = Y = Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State:   NC	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(c) TOTAL Independent Expenditures		475 400 55	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	a) SUBTOTAL of Itemized Independent Expenditures	98.09
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.   **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date	(	b) SUBTOTAL of Unitemized Independent Expenditures	7 7
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	c) TOTAL Independent Expenditures	7 7 7
[Electronically Filed] Date 07 26 2014	٧	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either	
v buto v =v =v =v .		[El - 4 2 1 - El - 1]	
	_	Part Part	

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Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O times is
Check if 24-hour report X 48-hour report New report Amends report filed	on
Full Name of Payee Rebecca Deucher	Date of Public Distribution/Dissemination
	07 23 2014
Mailing Address 4800 Vass Carthage Rd	Amount
City State Zip Code	22.50
Carthage NC 28394	Transaction ID: 0476b170-722d-4038-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
Full Name of Payee Marilyn Riley	Date of Public Distribution/Dissemination
	07 23 2014
Mailing Address 338 Wayne Drive	Amount
City State Zip Code	40.00
Shreveport LA 71105	Transaction ID: 02179305-2322-4269-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	62.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	•
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Tachnany Evans	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3726 Saint Joe Road Am	nount
City State Zip Code	50.00
Atkins AR 72823 Tra	ansaction ID : a2e4a68d-d76b-4b62-9 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sou	ught: House District: 00
Mr. Mark L Pryor Oppose Pres	sident Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	
Full Name of Davis	Other (specify)
Full Name of Payee Da Tachnany Evans	te of Public Distribution/Dissemination
Mailing Address 3726 Saint Joe Road Am	07 23 2014 nount
City State Zip Code	13.20
	nsaction ID: 4f6c244e-1274-46db-b te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 23 / 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mr. Mark L Pryor Oppose Pres	sident State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	nent For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	63.20
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 26 2014
Signature	

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OF

Schedule E)	ENT EXILE	DITORILO	PAGE 14 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	45.00
Little Rock	AR	72204	Transaction ID: 932b6915-f917-4cef-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
OBrian Price			07 23 2014
Mailing Address 2400 Covenant Cove			Amount
City	State	Zip Code	7.20
Little Rock	AR	72204	Transaction ID : efb3c617-0a66-4bd1-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expendent	ditures		▶ 52.20
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	e 07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

Schedule E)	II EXI END	TIONES	PAGE FOR S	15 OF 134 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	CATION NUMBER ▼
Women Speak Out PAC			C C00530	0766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	) / Y = Y = Y
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Larry Freeman			07 / 23	
Mailing Address 11214 Mesa drive			Amount	
City	State	Zip Code		45.00
Little rock	AR	72211	Transaction ID: 9f6l Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	07 / D 23	
Name of Federal Candidate		Support	Office Sought: House	se District: 00
Mr. Mark L Pryor		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	7	33647.17	Disbursement For: Pr 2014 Other (specify) ▶	imary X General
Full Name of Payee	_		Date of Public Distrib	oution/Dissemination
Jenna M Ledford			07 / 23	
Mailing Address 2279 Gouges Creek Rd			Amount	
City	State	Zip Code		50.00
Spruce Pine	NC	28777	Transaction ID : 5772 Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	07 / D 23	
Name of Federal Candidate		Support	Office Sought: Hou	se District: 00
Ms. Kay Hagan		Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	7 7	175466.55	Disbursement For: Price 2014 Other (specify)	rimary X General
(a) SUBTOTAL of Itemized Independent Expenditur	es		<b>.</b>	95.00
				7
(b) SUBTOTAL of Unitemized Independent Expendi	tures		<b>)</b>	4
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 Y	2014
- 9				

Schedule E)	LIVI LXI LIVI	THORIES	PAGE 16 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jenna M Ledford			07 23 / 2014
Mailing Address 2279 Gouges Creek Rd			Amount
City	State	Zip Code	14.10
Spruce Pine	NC	28777	Transaction ID: 32d4798c-06b1-4378-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Charity Zerbel			07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 804 Mary Ave			Amount
City	State	Zip Code	35.00
Neosho	MO	64850	Transaction ID : 37a71bb3-ab97-485c-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	33647.17	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	litures		49.10
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
z.g			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Charity Zerbel	07 / 23 / 2014
Mailing Address 804 Mary Ave	Amount
City State	Zip Code 1.80
Neosho MO	Transaction ID : bc188425-27e9-462b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 23 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Caleb Craig  Mailing Address 1410 Bushville drive	Date of Public Distribution/Dissemination  O7 23 2014
1410 Bushville drive	Amount
City State	Zip Code 100.00
Lenoir NC	28645 Transaction ID : f0d870be-79c4-48cc-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ 001 07 23 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	101.80
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	······································
	ures reported herein were not made in cooperation, consultation, or concert ized committee or agent of either, or (if the reporting entity is not a political
	tronically Filed] Date 07 26 2014
Signature	

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OF

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Caleb Craig	07
Mailing Address 1410 Bushville drive	Amount
City State Zip Code	6,60
Lenoir NC 28645	Transaction ID : a2900a9b-09ee-4fda-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 23 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	orsement For: Primary
Full Name of Payer	
Full Name of Payee  Jonathan Odette	Date of Public Distribution/Dissemination  07 23 2014
Mailing Address 9600 Earpsboro Chamblee Road	Amount
City State Zip Code	55.00
Wendell NC 27591	Transaction ID : fe9e67f9-e369-44ec-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 23 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	61.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	7 26 2014
Signature	

PAGE

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	modulo L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Jonathan Odette	07 23 Y 2014
	Mailing Address 9600 Earpsboro Chamblee Road	Amount
ŀ	City State Zip Code	25.80
	Wendell NC 27591	Transaction ID : 3c647bc6-755c-416c-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 / 23 / 2014
j	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary General
ŀ		Other (specify)
	Full Name of Payee  Melanie Slagle	Date of Public Distribution/Dissemination
	Mailing Address 77 Southridge Drive	07 23 2014 Amount
	City State Zip Code	40.00
	Spruce Pine NC 28777	Transaction ID: c025ea90-0e26-41ae-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	65.80
(	(b) SUBTOTAL of Unitemized Independent Expenditures	7 7
(	(c) TOTAL Independent Expenditures	
١	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	7 26 2014
	Signature	

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OF

Per Election for Office Sought    175466.55   2014   Other (specify)		medule L)	FOR SE OF FORM 24/48
Check if 24-hour report			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Mailing Address 377 Southridge Drive  State Zip Code Syruce Pine NC 28777  Name of Federal Candidate Ms. Kay Hagan  Category' Doz  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Amiling Address 3411 Asher Ave  City State Zip Code Ms. Kay Hagan  Name of Federal Candidate  Category' Doz  Disbursement For: Primary General Candidate Amount  City State Zip Code President Senate State: NC  Disbursement For: Primary General Category' Doz  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement or Obligation  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public District: Do President Senate State: NC  Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category' Doz  Date of Public Distriction/Dissemination  Transaction ID: 3853/7c6-df69-4d52-b Date of Disbursement For: Primary General Category Date of Disbursement For: Primary General Cate	۷۷	UITET Speak Out FAC	C C00530766
Melanie Slagle  Mailing Address 77 Southridge Drive  City State Zip Code Spruce Pine NC 28777  Purpose of Expenditure Mileage Category/ Type 002  Name of Federal Candidate NSK Asy Hagan Spruce Pine State Support Office Sought Persident Senate State NC Calendar Year-To-Date Per Election for Office Sought Purpose of Expenditure Salary  Full Name of Payee  Amiliang Address 3411 Asher Ave  City State Zip Code Amiliang Address 3411 Asher Ave  Category/ Type 001  Date of Public Distribution/Dissemination Type 23 2014  Amount  City State Zip Code Amiliang Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate  Name of Payes  N	Che	ck if 24-hour report X 48-hour report New report Amends report filed	
Mailing Address 77 Southridge Drive  City State Zip Code Spruce Pine NC 28777  Purpose of Expenditure Mileage Category' 002  Name of Federal Candidate Ms. Kay Hagan Qoppose President Senate State: NC  Catendar Year-To-Date Per Section for Office Sought 175466.55  Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary Qoppose President Senate State: NC  Category' 001  Name of Peyee Amiracle R Ross  Mailing Address 3411 Asher Ave  Category' 001  Name of Peyee Category' 001  Name of Peyee Amount  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Category' 001  Name of Peyee Asher Obstitution/Dissemination  Transaction ID: ab6e764-32bb-48a6-b Date of Public Distribution/Dissemination  Transaction ID: ab6e764-32bb-48a6-b Date of Public Di	Т		Date of Public Distribution/Dissemination
City State Zip Code Spruce Pine NC 28777  Purpose of Expenditure Mileage Category' Type 002  Name of Federal Candidate Support Office Sought House District: 00 Ms. Kay Hagan Calendar Year-To-Date Per Election for Office Sought 175468.55  Pull Name of Pederal Candidate Namination Profile Sought Note (Specify) President Senate State: NC Per Election for Office Sought 175468.55  Pall Name of Payee Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code Ittle Rock AR 72204  Name of Federal Candidate State: NC Office Sought Name of Federal Candidate State: NC Oppose President Senate State: AR Oppose President Senate State: NC Oppose President Senate State: AR Oppose New Oppose President Senate State: NC Oppose President Senate State: NC Oppose New Oppose President Senate State: NC Oppose New Oppose New Oppose President Senate State: NC Oppose New Oppo			
Spruce Pine NC 28777  Purpose of Expenditure Mileage  Name of Federal Candidate  Na. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Payee  Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code  Little Rock AR 72204  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Payee  Amiracle R Ross  Mailing Address 3411 Asher Ave  Category' Oo1  Name of Federal Candidate  Name of F		Mailing Address 77 Southridge Drive	Amount
Spruce Pine NC 28777  Purpose of Expenditure Mileage  Name of Federal Candidate  Na. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Payee  Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code  Little Rock AR 72204  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Federal Candidate  Name of Payee  Amiracle R Ross  Mailing Address 3411 Asher Ave  Category' Oo1  Name of Federal Candidate  Name of F	ŀ	City State Zip Code	12.90
Purpose of Expenditure Mileage    Name of Federal Candidate			Transaction ID : 886347c6-df60-4d92-b
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Name of Federal Candidate Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election fo		Mileage Category/ 002	M M / D D / Y Y Y Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC	f	Name of Federal Candidate Support Office	e Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures are reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Other (specify)   Date of Public Distribution/Dissemination  077  23  V 2014  Amount  Category/ Type  Other (specify)   Transaction ID : ab6e764f-32b-48a6-b  Transaction ID : ab6e76		Me Ven Heren	
Full Name of Payee Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		475 400 55	
Amiracle R Ross  Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary Category/ 001  Name of Federal Candidate Mr. Mark L Pryor Soppose President Senate State: AR  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Full Name of Pavee	
Mailing Address 3411 Asher Ave  City State Zip Code Little Rock AR 72204  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Type 001  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Category/ Category/ Category/ Compose  Category/ Compose  Category/ Compose  Category/ Compose  Category/ Compose  Compose  Category/ Compose  Category/ Compose  Compose  Category/ Compose  Compose  Category/ Compose  Compose  Compose  Category/ Compose			M M / D D / Y Y Y Y
Little Rock  AR  72204  Transaction ID: ab6e764f-32bb-48a6-b Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  [Electronically Filed] Date  Other (specify)  Transaction ID: ab6e764f-32bb-48a6-b Date of Disbursement or Obligation  Office Sought: House District: 00 Disbursement For: Primary Senate State: AR Other (specify)  ToOTAL Independent Expenditures  [Electronically Filed] Date  Office Sought: House District: 00 Office Sought: House District: 00 Other (specify)  ToOTAL Independent Expenditures  [Electronically Filed] Date  Office Sought: House District: 00 Other (specify)  Filed Date of Disbursement For: Primary Other (specify)  Date of Disbursement For: 00 Date of Date of Date of Disbursement For: 00 Date of Date	1	Mailing Address 3411 Asher Ave	
Purpose of Expenditure Salary    Date of Disbursement or Obligation   Date of Disbursement or Date of Date	ŀ	City State Zip Code	44.50
Purpose of Expenditure Salary    Name of Federal Candidate			Transaction ID : ab6e764f-32bb-48a6-b Date of Disbursement or Obligation
Mr. Mark L Pryor    Calendar Year-To-Date   President   Senate   State: AR		Salary Category 001	M = M / D = D / Y = Y = Y
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  33647.17  Disbursement For: Primary General 2014  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures	ŀ	Name of Federal Candidate Support Office	e Sought: House District: 00
(a) SUBTOTAL of Itemized Independent Expenditures			
(b) SUBTOTAL of Unitemized Independent Expenditures		20047.47	4
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	a) SUBTOTAL of Itemized Independent Expenditures	57.40
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    M M M	(	c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 26 2014	٧	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
Duto vi		[El-+	
	_	Signature	

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Schedule E)	IVI EXI ENE	JITONES	PAGE 21 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Amiracle R Ross			07 / 23 / 2014
Mailing Address 3411 Asher Ave			Amount
City	State	Zip Code	15.60
Little Rock	AR	72204	Transaction ID : f3c2f7e9-a3fb-40f9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	33647.17	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07 23 7 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	15.00
Metaire	LA	70003	Transaction ID : c3d895c0-9e2f-48ce-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	- T	73130.54	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		30.60
(1) OUDTOTAL (11 % ) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100		
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		. •
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 / 2014
2.9			

Schedule E)	IN EXILINE	JITONES	PAGE 22 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	0.30
Metaire	LA	70003	Transaction ID: 70422288-eb7e-4793-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Virginia M Stevens			07 23 2014
Mailing Address 1691 Fork Mtn Rd			Amount
City	State	Zip Code	70.00
Bakersville	NC	28705	Transaction ID: 58b014b8-3ffe-454a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		70.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 7 2014
<b>3</b>			

Schedule E)	PAGE 23 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee Virginia M Stevens	Date of Public Distribution/Dissemination
Mailing Address 1691 Fork Mtn Rd	07 23 2014 Amount
01	05.00
City State Zip Code  Bakersville NC 28705	25.20  Transaction ID: e8c9ef8f-1240-4b36-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee Malinda Ledford	Date of Public Distribution/Dissemination  07
Mailing Address 44 Bell Street Ext	Amount 23 2014
City State Zip Code	70.00
Spruce Pine NC 28777	Transaction ID : c9265b7d-55ea-41a2-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General  2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 95.20
(b) SUBTOTAL of Unitemized Independent Expenditures	·· >
(c) TOTAL Independent Expenditures	>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date  Signature	e 07 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

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	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	/omen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Malinda Ledford	07 23 / 2014
	Mailing Address 44 Bell Street Ext	Amount
	City State Zip Code	25.20
	Spruce Pine NC 28777	Transaction ID : 0a4451e9-4d21-4f8f-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	
		Other (specify) -
	Full Name of Payee Andrew Shiver	Date of Public Distribution/Dissemination
	Mailing Address 110 Earlston Ct	07 23 2014 Amount
	City State Zip Code	55.00
	Knightdale NC 27545	Transaction ID: e3b0b12a-851b-40ea-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	80.20
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not make with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		7 26 2014
	Signature	للنتا لنا ل

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<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report file	ed on M M / D D / Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Andrew Shiver	07 23 / 2014
Mailing Address 110 Earlston Ct	Amount
City State Zip Code	9.90
Knightdale NC 27545	Transaction ID: e802eefc-9393-4a70-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	07 23 2014
Name of Federal Candidate Support Off	ice Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For: Primary General  Other (specify)   Other
Full Name of Payer	
Full Name of Payee Kenny Wallis	Date of Public Distribution/Dissemination  07 23 2014
Mailing Address 6412 Osage Dr	Amount
City State Zip Code	20.00
North Little rock AR 72116	Transaction ID : 8f363592-7a9d-4b34-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 2014
Name of Federal Candidate Support Off	ice Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Dis 20	sbursement For:  Primary  General  14 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	29.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

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Schedule E)	INI EXI EIN	STIGHTS	PAGE 26 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	rt filed on
Full Name of Payee Kenny Wallis			Date of Public Distribution/Dissemination
Mailing Address 6412 Osage Dr			07 23 / 2014
0412 Godge B1			Amount
City	State	Zip Code	4.83
North Little rock	AR	72116	Transaction ID: c433aa3d-2995-48d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:  Primary  General  Q014  Other (specify) ▶
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
			07 / 23 / 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	10.00
Shelby	NC	28152	Transaction ID : 507c5ddc-bd2b-4c0b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 14.83
(b) CURTOTAL of Unitermized Independent Evene	dituro		7 7 7
(b) SUBTOTAL of Unitermized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			· •
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or i	idate or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 26 / 2014
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	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Nick Berryhill	07 23 2014
	Mailing Address 905 Lake Drive	Amount
	City State Zip Code	5.10
	Shelby NC 28152	Transaction ID: 715ecad9-aab1-4d29-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 175466.55  2014	ursement For: Primary X General
	Per Election for Office Sought	Other (specify)
	Full Name of Payee  Zachary Vidrine	Date of Public Distribution/Dissemination
	Mailing Address 202 Rue Des Cajun	07 23 2014
		Amount
	City State Zip Code	45.00
	Ville Platte LA 70586	Transaction ID: 5f446ca2-9257-432e-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	50.10
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not movement, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	TD 4 1 TH 11	)7 26 2014
	Signature	للنتا لنا ل

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Schedule E)	INT EXI EN	JII OI LO	PAGE 28 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Zachary Vidrine			07 / 23 / 2014
Mailing Address 202 Rue Des Cajun			Amount
City	State	Zip Code	35.40
Ville Platte	LA	70586	Transaction ID: 4138242d-2469-4916-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
David Ford			07 23 / 2014
Mailing Address 106 Hillside St			Amount
City	State	Zip Code	35.00
Spindale	NC	28160	Transaction ID : c76dbb25-8b04-4498-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		70.40
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07
-			

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 29 OF FOR SE OF FORM 24/	134 /48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBI	ER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	t filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	tion
David Ford			07 23 Y 2014	Y
Mailing Address 106 Hillside St			Amount	
City	State	Zip Code	33	3.75
Spindale	NC	28160	Transaction ID: 9ab1a99c-4c5a-4eb Date of Disbursement or Obligation	f-a
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23 / 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	Tresident State.	NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	175466.55	Disbursement For:  Primary	eneral
Full Name of Payee			Date of Public Distribution/Dissemina	tion
Lily Green			07 23 2014	Y Y
Mailing Address 205 Medallion Circle			Amount	
City	State	Zip Code	80.	00
Shreveport	LA	71119	Transaction ID: 607fd5ed-db37-4d11 Date of Disbursement or Obligation	-9
Purpose of Expenditure Salary		Category/ Type 001	07 23 / 2014	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		X Oppose	President Senate State:	LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:  Primary	eneral
(a) SUBTOTAL of Itemized Independent Expen	ditures		113.75	5
				=
(b) SUBTOTAL of Unitermized Independent Exp	enditures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
5.g				

Schedule E)	LIVI EXI EN	DITORILO	PAGE 30 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New r	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			07
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	21.00
Shreveport	LA	71119	Transaction ID: 72961c0a-87fa-429b-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Xavier Miller			07 23 / 2014
Mailing Address 407 randall Dr			Amount
City	State	Zip Code	80.00
Searcy	AR	72143	Transaction ID : c84e2e51-7b9a-43a9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 23 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	1.75	33647.17	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		101.00
(b) SUBTOTAL of Unitemized Independent Expe	nditures		·
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authoriz		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electr	onically Filed] Date	07
Signature			

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
	O
Check if 24-hour report X 48-hour report New report Amends report filed	I on M M / D D / Y Y Y Y Y
Full Name of Payee  Xavier Miller	Date of Public Distribution/Dissemination
	07 23 2014
Mailing Address 407 randall Dr	Amount
City State Zip Code	82.80
Searcy AR 72143	Transaction ID: 012a0297-3225-42c5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O02	07 23 7 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Nathan D Wirebaugh	07 23 / Y Y Y Y Y
Mailing Address 7320 Red Maple Dr	Amount
City State Zip Code	10.00
Holland OH 43528	Transaction ID: 7a50c44c-64c3-4cf8-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07
Name of Federal Candidate Support Offic	e Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	92.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date Signature	07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Olymatule	

Schedule E)	PENT EXTEND	TIONES		32 OF 134 OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICA	TION NUMBER ▼
Women Speak Out PAC			C C0053076	6
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	t filed on	/ Y = Y = Y = Y
Full Name of Payee			Date of Public Distributi	on/Dissemination
Solveig Lysne			07 / 23	2014
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		41.50
Wilmington	NC	28411	Transaction ID : 3ec1c	
Purpose of Expenditure Salary		Category/ Type 001	07 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President X Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought	7,	175466.55	Disbursement For: ☐ Prime 2014 ☐ Other (specify) ▶ _	ary X General
Full Name of Payee			Date of Public Distribut	ion/Dissemination
Solveig Lysne			07 / D D D D D D D D D D D D D D D D D D	2014
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		9.51
Wilmington	NC	28411	Transaction ID : 60170e Date of Disbursement of	
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Ms. Kay Hagan		X Oppose	President Senate	
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: ☐ Prim 2014 ☐ Other (specify) ▶ _	ary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			51.01
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	p. 1
(c) TOTAL Independent Expenditures			·	2
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date		2014
=				

Schedule E)	DENT EXTEND	ITOTILO	PAGE 33 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan R Padgett			07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2164 Kay Rd			Amount
City	State	Zip Code	20.00
Greenville	NC	27858	Transaction ID : 7a56b8f0-5225-41c8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Morgan R Padgett			07 23 2014
Mailing Address 2164 Kay Rd			Amount
City	State	Zip Code	4.80
Greenville	NC	27858	Transaction ID : 7930193c-a5dd-4392-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		24.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g. (a.a.)			

	neddic E)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC	C C00530766
Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Warren Gravois	07
	Mailing Address 16005 7th St	Amount
-	City State Zip Code	35.00
	Pearlington MS 39572	Transaction ID: e4cd370f-57cd-4827-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07 23 / Y 2014
ľ	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General
ŀ		Other (specify)
	Full Name of Payee Warren Gravois	Date of Public Distribution/Dissemination
	Mailing Address 16005 7th St	07 23 2014 Amount
-	City State Zip Code	2.40
	Pearlington MS 39572	Transaction ID: 58df3ef0-e7f7-4802-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 2014
ľ	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
(	(a) SUBTOTAL of Itemized Independent Expenditures	37.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures	
(	(c) TOTAL Independent Expenditures	
٧	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	7 26 2014
	Signature	النتا التا

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Schedule E)	TI EXI END	TTOTILO	PAGE 35 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			07 23 2014 Amount
City  Lafayette	State LA	Zip Code 70503	26.00 Transaction ID: c3c94ba9-0fe0-4e1d-a
Purpose of Expenditure Salary		Category/ 001	Date of Disbursement or Obligation  07  07  07  07  07  07  07  07
		Type 001	
Name of Federal Candidate  Ms. Mary L Landrieu		Support	Office Sought: House District: 00  President X Senate State: LA
<u> </u>		X Oppose	President Senate State: LA  Disbursement For: Primary General
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	2014 Other (specify)
Full Name of Payee Francis Richardson			Date of Public Distribution/Dissemination
Mailing Address 220 Doucet Rd			07 23 2014
			Amount
City	State	Zip Code	2.01
Lafayette	LA	70503	Transaction ID: 016244d3-fd41-4cc6-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	es		28.01
(b) SUBTOTAL of Unitemized Independent Expend	itures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	PENT EXICITE	ATOTILO	PAGE 36 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07 / 23 / 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	80.00
Winston Salem	NC	27105	Transaction ID: 68c7a634-d1f3-4c34-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:  Primary  General  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07 23 7 2014
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	12.00
Winston Salem	NC	27105	Transaction ID : ef781d40-ab89-46fa-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		92.00
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
(b) CODICINE OF CHILDREN HOSPOTHON EXP	orialia. Co milinini		7 7 4
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION NUMBER ▼			
Women Speak Out PAC	C C00530766		
Check if 24-hour report 48-hour report New report Amends report filed	i on Man / Dab / Yayaya		
Full Name of Payee  Courtney Goldstein	Date of Public Distribution/Dissemination		
•	07 23 2014		
Mailing Address 1809 N Woodlawn	Amount		
City State Zip Code	35.00		
Metairie LA 70001	Transaction ID : fdf2c744-2c98-4ed6-b Date of Disbursement or Obligation		
Purpose of Expenditure Salary  Category/ Type  001	07 23 7 2014		
Name of Federal Candidate Support Offic	e Sought: House District: 00		
Ms. Mary L Landrieu Oppose	President X Senate State: LA		
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary ⊠ General  Other (specify) ▶		
Full Name of Payee	Date of Public Distribution/Dissemination		
Courtney Goldstein	07 23 2014		
Mailing Address 1809 N Woodlawn	Amount		
City State Zip Code	0.90		
Metairie LA 70001	Transaction ID : 0a9179cf-6f97-4640-8 Date of Disbursement or Obligation		
Purpose of Expenditure Mileage  Category/ Type 002	Date of Disbursement of Obligation		
Name of Federal Candidate Support Office	e Sought: House District: 00		
Ms. Mary L Landrieu Oppose	President State: LA		
Calendar Year-To-Date Per Election for Office Sought  Disb	ursement For: Primary X General  Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures	35.90		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.			
	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Theresa Burkhart	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3126 Chester Ct	nount
City State Zip Code	60.00
Metairie LA 70006 Tra	ansaction ID : 032f7077-44c5-4c7f-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Soil	ought: House District: 00
Mc Mary Landriou	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	
Full Name of Payee Da	Other (specify)
Ms. Tonya Boyd	ate of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	mount 23 2014
City State Zip Code	105.00
	insaction ID: b8b84439-0a0d-4faa-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 7 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Kay Hagan Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	165.00
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 4 1
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) Women Speak Out PAC		FEC IDENTIFICATION NUMBER ▼
Women Speak Out FAC		C C00530766
Check if 24-hour report X 48-hour report New report	Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee	Date	of Public Distribution/Dissemination
Ms. Tonya Boyd		07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2357 Fancy Cap Rd	Amo	unt
City State Zip C	ode	21.63
Mt. Airy NC 27030		saction ID : 2daaa00d-6ade-4c04-8 of Disbursement or Obligation
Purpose of Expenditure Mileage  Cate	gory/ Type 002	07
Name of Federal Candidate	Support Office Soug	ht: House District: 00
Ms. Kay Hagan	X Oppose Presid	dent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.55 Disburseme	ont For:
Full Name of Payee Brittany Jones  Mailing Address 338 Wayne Drive		of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State Zip C	ode	20.00
Shreveport LA 7110		saction ID: 8936ad40-1c9d-4957-b of Disbursement or Obligation
Purpose of Expenditure Salary Cate	gory/ Type 001	07 / 23 / 2014 2014
Name of Federal Candidate	Support Office Soug	ght: House District: 00
Ms. Mary L Landrieu	Oppose Presi	dent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 73	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······································	41.63
(b) SUBTOTAL of Unitemized Independent Expenditures		1711711
(c) TOTAL Independent Expenditures	·······	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures report with, or at the request or suggestion of, any candidate or authorized commparty committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically F	Filed] Date 07	26 2014
Signature		

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OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Francesca Blom	07 23 2014
Mailing Address 101 Asbury Ct	nount
City State Zip Code	80.00
Winchester VA 22602 Tra	ansaction ID : cb4e2a06-f161-43a6-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 7 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	1
Fill Name of Danie	Other (specify)
Full Name of Payee Da Michael Vidrine	ate of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street	07 23 2014 mount
City State Zip Code	60.00
	nsaction ID: 89dc16e7-acb7-40e8-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Ms. Mary L Landrieu Oppose Pre	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014 2014	nent For:
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Michael Vidrine	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1103 West Wilson Street  Am	nount
City State Zip Code	33.00
Ville Platte LA 70586 Tra	ansaction ID : 865cf02e-9dd3-4147-9 tte of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	1
Full Name of Payee Da	Other (specify)
Christopher Marquess	ate of Public Distribution/Dissemination
Mailing Address 110 W Pecan St	nount
City State Zip Code	40.00
	nsaction ID : 4cde02bf-6ef3-455d-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 23 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Mary L Landrieu Pre	sident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	73.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Christopher Marquess	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 110 W Pecan St	Amount
	City State Zip Code	33.00
	Ville Platte LA 70586	Transaction ID : c54a6fe8-29d1-4777-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type 002	07 23 / Y 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rrsement For: Primary X General
		Other (specify)
	Full Name of Payee Timothy Foley	Date of Public Distribution/Dissemination
	Mailing Address 20679 Glenbrook Terrace	07 23 2014 Amount
	City State Zip Code	70.00
	Sterling VA 20165	Transaction ID: 68d7cae0-52a4-4906-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07
	Name of Federal Candidate Support Office	Sought: House District:00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary X General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	103.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 0	
	Signature	

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Schedule E)	IN EXILIN	SHORLS	PAGE 43 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Sarinda S Dudley			Date of Public Distribution/Dissemination
Mailing Address 4367 Splitlog Rd			07 23 2014
			Amount
City	State	Zip Code	30.00
Goodman	МО	64843	Transaction ID: b0fd52b9-72d0-46b3-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Alexa S Dudley			07 / 23 / 2014
Mailing Address 4367 Splitlog Rd			Amount
City	State	Zip Code	30.00
Goodman	МО	64843	Transaction ID: 79a0ac85-6e71-4953-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	.,,	33647.17	Disbursement For:  Primary  ☐ General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expendi	tures		▶ 60.00
/b) CURTOTAL of Unitersized Independent Fund	o ditura o		
(b) SUBTOTAL of Unitemized Independent Expe	natures		
(c) TOTAL Independent Expenditures			
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>V</b>			

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Alexa S Dudley	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 4367 Splitlog Rd	Amount
	City State Zip Code	27.00
	Goodman MO 64843	Transaction ID: 0c5a1793-4f8e-4288-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	00047.47	ursement For: Primary X General
	Per Election for Office Sought 33647.17 2014	Other (specify) ▶
	Full Name of Payee Steven Best	Date of Public Distribution/Dissemination
	Mailing Address 103 Washington Ave	07 23 2014 Amount
	City State Zip Code  Newport NC 28570	40.00 Transaction ID : 8b63ccc1-8987-44dd-9
	Newport NC 28570  Purpose of Expenditure	Date of Disbursement or Obligation
	Salary Category/ Type 001	07 23 / 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
		President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For: Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	67.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(7) ( 1) 7) 11	7 26 2014
	Signature	المنتتما لنما ل

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Schedule E)	LIVI EXI LIVI	JII OI LO	PAGE 45 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Best			07 23 / 2014
Mailing Address 103 Washington Ave			Amount
City	State	Zip Code	3.30
Newport	NC	28570	Transaction ID: 537c7307-c588-41d9-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: Primary X General 2014
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	20.00
Raleigh	NC	27604	Transaction ID: 1ccd3a3d-8919-4c64-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	175466.55	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expend	itures		23.30
(1) OUDTOTAL (11)			
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 26 2014
Gignature			

Schedule E)	PAGE 46 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report No	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Lee R Carter	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3110 Brentwood Rd	Amount
City State	Zip Code 2.40
Raleigh NC	27604 Transaction ID : 6b397506-7178-4646-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 23 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Vonniqua Jackson	07
Mailing Address 111 Westchester Blvd	Amount
Apt D4	
City State	Zip Code 43.00
Slidell LA	70458 Transaction ID : 75d25060-3745-4700-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	45.40
	7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	ditures reported herein were not made in cooperation, consultation, or concert norized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan  [E	lectronically Filed] Date 07 26 2014
S.g. Marai S	

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Danielle McCoy	07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1025 Cayley Ct	nount
City State Zip Code	87.50
High Point NC 27260 Tra	ansaction ID : f90b8c71-d01d-4ab2-8 tte of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 23 7 2014
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	
Full Name of Payer	Other (specify)
Full Name of Payee Danielle McCoy	ate of Public Distribution/Dissemination  07 23 2014
Mailing Address 1025 Cayley Ct	07 23 2014 mount
City State Zip Code	20.70
	nsaction ID: b18da6ad-071e-47ab-9 ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 23 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
Ms. Kay Hagan Oppose Pre	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	108.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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	meduic Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on Mam / Dad / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Chris McCoy	07 23 2014
	Mailing Address 1025 Cayley Ct	Amount
	City State Zip Code	90.00
	High Point NC 27260	Transaction ID : 1ad60399-46af-400a-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 23 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 175466.55  Disbrace 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination
	Mailing Address 1025 Cayley Ct	07 23 2014 Amount
	City State Zip Code	21.60
	High Point NC 27260	Transaction ID : f3662363-d625-4788-9 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	111.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		07 26 2014
	Signature	التنتا التا

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Schedule E)	VI EXI EIVE	ATOTILO	PAGE 49 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 / 23 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	20.00
Metairie	LA	70001	Transaction ID : 46f5340c-7a28-4376-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	73130.54	Disbursement For: Primary ☐ General  2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	1.80
Metairie	LA	70001	Transaction ID: 3097173e-2fcb-480a-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07 / D 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For:  Primary  ☐ General  Other (specify)  ☐
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 21.80
(b) CURTOTAL of Heitersized Independent Function	J.A		
(b) SUBTOTAL of Unitemized Independent Expendent	altures		
(c) TOTAL Independent Expenditures			<b>•</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any canding party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 Y 2014
<del></del>			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Phillip Williams	07
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	82.50
Greensboro NC 27407	Transaction ID : 552ce722-df09-4b3d-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 175466.55	Disbursement For: Primary General 2014
	Other (specify) -
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd	07 23 2014 Amount
City State Zip Code	24.60
Greensboro NC 27407	Transaction ID : 4d34a519-f7fd-4086-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 23 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	107.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were rewith, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

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OF

Schedule E)	VI EXI END	TTOTILO	PAGE 51 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	oort Amends repo	rt filed on
Full Name of Payee Beverly Williams			Date of Public Distribution/Dissemination
Mailing Address 3007 Darden Rd			07 23 2014
			Amount
City	State	Zip Code	82.50
Greensboro	NC	27407	Transaction ID : 1509bada-faf7-4920-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 1 7	175466.55	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mr. Alex Peyton			07 23 7 2014
Mailing Address 859 Hicks Rd			Amount
City	State	Zip Code	50.00
Washington	LA	70589	Transaction ID: 810327ac-a71a-443e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		. 132.50
,			7 7 7
(b) SUBTOTAL of Unitemized Independent Expend	itures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candic party committee) any political party committee or its	late or authorized		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 Y 2014
Signaturo			

	neddic L)		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
۷۷	omen Speak Out PAC		C C00530766
 Che	eck if 24-hour report X 48-hour report New report Amends re	eport filed	d on M = M / D = D / Y = Y = Y
Т	Full Name of Payee		Date of Public Distribution/Dissemination
	Mr. Alex Peyton		07 23 / 2014
	Mailing Address 859 Hicks Rd		Amount
ŀ	City State Zip Code		41.40
	Washington LA 70589		Transaction ID : 6b1671ee-24dc-4888-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  Output  Description:  Output  Descriptio	002	07 / 23 / 2014
t	Name of Federal Candidate Support	t Offic	ee Sought: House District:00
	Ms. Mary L Landrieu Oppose		President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought 73130.54	Disb 2014	
ŀ	Full Name of Payee		Other (specify) ▶  Date of Public Distribution/Dissemination
	Marysol Netro		07 23 2014
	Mailing Address 312 S Gunter St		Amount
ŀ	City State Zip Code		30.00
	Siloam Springs AR 72761		Transaction ID : 59bdd413-8436-4f05-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  OC	001	07 / 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
ŀ	Name of Federal Candidate Support	rt Offic	ce Sought: House District: 00
	Mr. Mark L Pryor Oppose		President X Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought 33647.17	Disb 201	oursement For: Primary General  Other (specify)
(	(a) SUBTOTAL of Itemized Independent Expenditures	······ <b>&gt;</b>	71.40
(	(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(	(c) TOTAL Independent Expenditures	······ <b>&gt;</b>	
٧	Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] D	Date O	07 26 2014
_	Signature		

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Schedule E)	IVI EXI EIVE	TI OILE	PAGE 53 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Wayne Burckel			Date of Public Distribution/Dissemination
Mailing Address 46 Glenwood Ave			07 23 2014
			Amount
City	State	Zip Code	30.00
Harahan	LA	70123	Transaction ID: f65c7e6b-d867-4772-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	· · · · · ·	73130.54	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Evelyn Lesaicherre			07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	50.00
Metairie	LA	70001	Transaction ID : 50819177-19a6-4feb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	-yy	73130.54	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 80.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 2014
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Schedule E)	LIVI EXI EIVI	SHORLS	PAGE 54 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Evelyn Lesaicherre			07 23 / 2014
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	4.50
Metairie	LA	70001	Transaction ID: 7f629449-f3ec-46b3-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Tarrin Lesaicherre			07 23 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave			Amount
City	State	Zip Code	50.00
Metairie	LA	70001	Transaction ID : cec56580-5523-431b-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	.,,,,	73130.54	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. ▶ 54.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 26 7 2014
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NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	eport Amends report filed o	n
Full Name of Payee		Date of Public Distribution/Dissemination
Tarrin Lesaicherre		07 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave		Amount
City State	Zip Code	4.50
Metairie LA		Transaction ID: 132c17c1-1449-43d4-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office S	Sought: House District:00
Ms. Mary L Landrieu	Oppose F	President X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disburs 2014	sement For: Primary X General  Other (specify) ▶
Full Name of Payee Christine Stevens  Mailing Address 100 Asbury Ct		Date of Public Distribution/Dissemination  07  23  V  2014  Amount
City State	Zip Code	60.00
Winchester VA	22602 T	ransaction ID : c43f7f8e-5604-43c4-9
Purpose of Expenditure Salary	Category/ Type 001	Date of Disbursement or Obligation  07  23  2014
Name of Federal Candidate	Support Office S	Sought: House District: 00
Ms. Kay Hagan	Oppose F	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought	175466.55 Disburs 2014	sement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	64.50
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	ronically Filed] Date 07	26 2014
Signature		

PAGE

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OF

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report Amends report filed	d on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	07 23 / 2014
Mailing Address 100 Asbury CT  3200 Dam Neck Rd	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID : 4fb3b23a-e719-434b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 D D V Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee	
Lisa Booth	Date of Public Distribution/Dissemination  07  07  07  07  07  07
Mailing Address 1434 South Avenue	Amount
City State Zip Code	80.00
Eden NC 27288	Transaction ID : a73d2731-3e7f-432d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 23 / 2014
Name of Federal Candidate Support Office	ce Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disk 201	oursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	140.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

PAGE

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OF

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 57 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lisa Booth			07 23 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	7.20
Eden	NC	27288	Transaction ID: 65323dd8-48c9-4f39-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 23 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:  Primary  General
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			07 23 7 2014
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	40.00
Harrisonburg	VA	22801	Transaction ID : 6bedc7fc-0ad9-4c79-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 23 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		47.20
(b) SUBTOTAL of Unitemized Independent Exp	enditures		·
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07
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Schedule E)		PAGE 58 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report	New report Amends re	eport filed on
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave		07 23 2014 Amount
Apt 40		Attourt
City Sta	,	100.00
Searcy A	.R 72143	Transaction ID: f9d89283-d612-4187-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 0	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	33647.17	Disbursement For:
Full Name of Payee Taylor N Randall		Date of Public Distribution/Dissemination
Mailing Address 2002 E Park Ave		07 23 2014 Amount
Apt 40		, unoun
<b>l</b> '	ate Zip Code NR 72143	Transaction ID : 1d1a7de5-078d-4d6d-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 00	M M / D D / Y Y Y Y
Name of Federal Candidate	Support	Office Sought: House District: 00
Mr. Mark L Pryor	X Oppose	
Calendar Year-To-Date Per Election for Office Sought	33647.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures		186.40
(b) SUBTOTAL of Unitemized Independent Expenditures		····· <b>&gt;</b>
(c) TOTAL Independent Expenditures		····· <b>&gt;</b>
Under penalty of perjury I certify that the independent e with, or at the request or suggestion of, any candidate or party committee) any political party committee or its ager	r authorized committee or ager	
Ms. Emily Buchanan	[Electronically Filed]	ate 07 26 2014
Signature		

NAME OF COMMITTEE (In Full) Women Speak Out PAC  Check if	Schedule E)				FOR SE OF FORM 24/48	8 8
Check if	NAME OF COMMITTEE (In Full)					
Check if	Women Speak Out PAC					· •
Check if 24-hour report					C00530766	
Tabetha D Espenschied  Mailing Address 2002 East Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Dot Trype 001  Name of Federal Candidate Mr. Mark L Pryor Soppose Search Se	Check if 24-hour report X 48-hour	report New rep	ort Amends repo		= M / D = D / Y = Y = Y	Y
Mailing Address 2002 East Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Purpose of Expenditure Salary Office Sought House District:  Calendar Year-To-Date Per Election for Office Sought  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary Office Sought House District:  Category/ Opose  President Senate State:  Amount  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary Office Sought House District:  Category/ Opose  President Senate State:  Office Sought: House District:  Office Sought: President Senate State:  Oppose President Senate Stat						
Amount  Amount  Amount  Amount  Amount  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee  Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code  Wake Forest  NC 27587  Category/ O01  Office Sought: House District: Amount  Disbursement For: Primary Ger  2014  Other (specify) Purpose of Expenditure  Salary  Category/ O11  Office Sought: House District: Other Sean B Hicks  Date of Public Distribution/Disseminate  Transaction ID: 71fa43a7-e8e3-4fd4-EDate of Distribution Disseminate  State: Amount  Transaction ID: 71fa43a7-e8e3-4fd4-EDate of Distribution	·					- Y
City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor Support Office Sought: House District: State: Mr. Mark L Pryor Scan B Hicks  Calendar Year-To-Date Per Election for Office Sought Salary  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary Oppose  Category/ On Transaction D : f6c28534-6c07-4724 Date of Disbursement or Obligation  Mr. Mark L Pryor Office Sought: House District: State: Mr. Mark L Pryor Other (specify) ▶  Full Name of Payee Sean B Hicks  Malling Address 44 McDowell Drive  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary Oppose Transaction ID : f6c28534-6c07-4724 Date of Disbursement or Obligation  Mr. Mark L Pryor Other (specify) ▶  Date of Public Distribution/Disseminate  Mr. Mark L Pryor State Zip Code  Transaction ID : f6c28534-6c07-4724 Date of Disbursement or Obligation  Mr. Mark L Pryor State State: Mr. Mr. Mark L Pryor State State State: Mr. Mark L Pryor State State: Mr.				Amou	nt	
Searcy AR 72143  Purpose of Expenditure Salary  Category/ Ilype 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Purpose of Expenditure  Support  Office Sought: House District:  General Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Wake Forest  NC 27587  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Calendar Year-To-Date Per Election for Office Sought  NS. Kay Hagan  NS.	<u> </u>	State	Zip Code		50.0	00
Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City Wake Forest  Purpose of Expenditure Salary  Oppose  Date of Public Distribution/Disseminat  Amount  City State State Purpose of Expenditure Salary  Office Sought: House District: Primary Ger 2014 Other (specify)  Amount  City State Sta			·		action ID : f6c28534-6c07-4724-9	_
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Mr. Mark L Pryor  President X Senate State: A  Disbursement For: Primary X Ger 2014  Other (specify) ▶  Transaction ID : 71fa43a7-e8e3-4fd4-5  Date of Disbursement or Obligation  Office Sought: House District: President X Senate State: N  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : 71fa43a7-e8e3-4fd4-5  Date of Disbursement or Obligation  Office Sought: House District: President X Senate State: N  Calendar Year-To-Date Per Election for Office Sought  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures  ■ 85.00					- I M / D D / Y Y Y	Y
Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : 71fa43a7-e8e3-4fd4-s Date of Disbursement or Obligation  Transaction ID : 71fa43a7-e8e3-4fd4-s Date of Disbursement or Obligation  Office Sought: House District:  President Salary  Category/ Type 001  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID : 71fa43a7-e8e3-4fd4-s Date of Disbursement or Obligation  Transaction ID : 71fa43a7-e8e3-4fd4-s Date of Disbursement or Obligation  Office Sought: House District:  President Senate State:  Calendar Year-To-Date Per Election for Office Sought  Ty5466.55  Disbursement For: Primary Ge 2014  Other (specify) ▶  85.00	Name of Federal Candidate		Support	Office Sough	t: House District: 00	0
Per Election for Office Sought  Full Name of Payee Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Date of Public Distribution/Disseminat  Amount  Transaction ID: 71fa43a7-e8c3-4fd4-5 Date of Disbursement or Obligation  Transaction ID: 71fa43a7-e8c3-4fd4-5 Date of Disbursement For:  Disbursement For:  Primary  Other (specify)  Other (specify)  Other (specify)	Mr. Mark L Pryor		X Oppose	Preside		
Sean B Hicks  Mailing Address 44 McDowell Drive  City State Zip Code Wake Forest NC 27587  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Mailing Address 44 McDowell Drive  Amount  Transaction ID: 71fa43a7-e8e3-4fd4-5 Date of Disbursement or Obligation  Transaction ID: 71fa43a7-e8e3-4fd4-5 Date of Disbursement or Obligation  Office Sought:  House District:  Primary Senate State:  Disbursement For:  Primary Ge 2014  Other (specify) ▶   85.00		,	33647.17	2014		eral
Mailing Address 44 McDowell Drive  City State Zip Code  Wake Forest NC 27587  Purpose of Expenditure Salary  Category/ Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Type  Type  Type  Calendar Year-To-Date Per Election for Office Sought  Type  T						
Amount  City State Zip Code  Wake Forest NC 27587  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  Amount  Transaction ID: 71fa43a7-e8e3-4fd4-5Date of Disbursement or Obligation  Moffice Sought: House District:  Support Office Sought: House District:  Oppose President X Senate State:  Calendar Year-To-Date Per Election for Office Sought  175466.55  Disbursement For: Primary Ge 2014  Other (specify)  85.00  (b) SUBTOTAL of Unitemized Independent Expenditures	Mailing Address					
Wake Forest  NC  27587  Transaction ID: 71fa43a7-e8e3-4fd4-5 Date of Disbursement or Obligation  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  NC  27587  Transaction ID: 71fa43a7-e8e3-4fd4-5 Date of Disbursement or Obligation  Mon	44 McDowell Drive			Amou	int	
Purpose of Expenditure Salary  Category/ Type  On1  Date of Disbursement or Obligation  M M M O7  24  Y 2014  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: House District: Oppose President X Senate State:  Calendar Year-To-Date Per Election for Office Sought  Type  Office Sought: Oppose Office Sought: Oppose Oppose Office Sought: Oppose O	City	State	Zip Code		35.00	
Purpose of Expenditure Salary  Category/ Type  On  On  On  On  On  On  On  On  On  O		NC	27587			
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Toppose  President  Senate State:  Disbursement For: Primary  Ger 2014  Other (specify)  85.00  (b) SUBTOTAL of Unitemized Independent Expenditures  85.00					/ M / D D / Y Y Y	Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	Name of Federal Candidate		Support	Office Sough	nt: House District: 0	0
Per Election for Office Sought 175466.55 2014 Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures ▶ 85.00  (b) SUBTOTAL of Unitemized Independent Expenditures ▶	Ms. Kay Hagan		Oppose	Presid		
(b) SUBTOTAL of Unitemized Independent Expenditures			175466.55	2014		eral
	(a) SUBTOTAL of Itemized Independent	Expenditures			85.00	
(c) TOTAL Independent Expenditures	(b) SUBTOTAL of Unitemized Independent	nt Expenditures		· •		
	(c) TOTAL Independent Expenditures			· ·	7 1 7 1 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a poli party committee) any political party committee or its agent.	with, or at the request or suggestion of, a	ny candidate or authorized	•		•	
Ms. Emily Buchanan [Electronically Filed] Date 07 26 2014	Ms. Emily Buchanan	[Electron	ically Filed] Date	e 07		
Signature	Signature	<del>-</del>			لىنىيا لىيا	

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 60 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Sean B Hicks			07
Mailing Address 44 McDowell Drive			Amount
City	State	Zip Code	1.50
Wake Forest	NC	27587	Transaction ID: 442a6a13-9575-438c-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Fuel Pizza			07
Mailing Address 1606 K Street NW			Amount
City	State	Zip Code	141.33
Washington	DC	20006	Transaction ID: eb982943-1e40-44a8-8 Date of Disbursement or Obligation
Purpose of Expenditure Food		Category/ Type 007	07 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expen	ditures		142.83
#N <b></b>			
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 61 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Anthony Buchanan			Date of Public Distribution/Dissemination
Mailing Address 1090 McHone Rd			07 24 2014  Amount
City Spruce Pine	State NC	Zip Code 28777	Transaction ID : 7f974e46-1fde-4b47-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	Date of Disbursement of Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	175466.55	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee Casey Stockton			Date of Public Distribution/Dissemination
Mailing Address 105 South Dale St			07 24 2014 Amount
City	State	Zip Code	60.00
Spruce Pine	NC	28777	Transaction ID : 4cd9e657-926e-453b-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General  2014  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		120.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			
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	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan	[Electron	nically Filed] Date	07
Signature			

oblicatio E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Casey Stockton	07 24 2014
Mailing Address 105 South Dale St	punt
City State Zip Code	21.30
Spruce Pine NC 28777 Tran	nsaction ID: 76918659-42e8-4f32-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office Soug	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	
	Other (specify)
Mary Johnson	e of Public Distribution/Dissemination  07 24 2014
Mailing Address 105 South Dale St	
City State Zip Code	60.00
	saction ID : d37faeab-8198-4bf3-8 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	M 07 / 24 / 2014
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan Presi	ident State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For: Primary X General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	81.30
(b) SUBTOTAL of Unitemized Independent Expenditures	1711711
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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Schedule E)	VI EXI END	TIONES	PAGE 64 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jodi Fountain			07 24 2014
Mailing Address 1010 S Dogwood Drive			Amount
City	State	Zip Code	10.00
Bogalusa	LA	70427	Transaction ID : f64abc6d-02a9-4988-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 7	73130.54	Disbursement For:  Primary  General 2014  Gther (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	75.00
Winston Salem	NC	27105	Transaction ID : 5b45768a-9ab5-4237-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		85.00
(1) OUDTOTAL (11):			
(b) SUBTOTAL of Unitemized Independent Expendent	litures		
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 2014
Gigilature			

Schedule E)	NI EXI END	TIONES	PAGE 65 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			07 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	13.50
Winston Salem	NC	27105	Transaction ID : 3bc9368c-e6b2-4e19-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	175466.55	Disbursement For:  Primary  General   2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Erika Burfield			07
Mailing Address 2939 Country Club Drive			Amount
City	State	Zip Code	43.40
Hampstead	NC	28443	Transaction ID : e6c23242-c924-4e58-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	175466.55	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 56.90
(b) SUBTOTAL of Unitermized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepen- with, or at the request or suggestion of, any candi- party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report  Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Da	ate of Public Distribution/Dissemination
Erika Burfield	07
Mailing Address 2939 Country Club Drive	mount
City State Zip Code	15.00
Hampstead NC 28443 Tr.	ansaction ID : 458cde07-1af6-4674-b ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
Name of Federal Candidate Support Office So	ought: House District: 00
Ms Kay Hagan	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
Full Name of Payer	
Full Name of Payee Mr. Matthew Fouty	ate of Public Distribution/Dissemination
Mailing Address 110 Pebblestone Ct.	mount
City State Zip Code	30.00
King NC 27021 Tra	Insaction ID : 16c6045a-26e6-4f1d-b ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
Name of Federal Candidate Support Office Sc	ought: House District:00
Ms. Kay Hagan Pre	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee_	Date of Public Distribution/Dissemination
	Mr. Matthew Fouty	07 24 2014
	Mailing Address 110 Pebblestone Ct.	Amount
	City State Zip Code	6.00
	King NC 27021	Transaction ID : b272e791-9693-4eb1-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbrace 175466.55  2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee Felice Barrett	Date of Public Distribution/Dissemination
	Mailing Address 1588 Asbury	07 24 2014 Amount
	City State Zip Code	65.00
	Springdale AR 72762	Transaction ID : 0974be96-0e60-4429-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	71.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		07 26 2014
	Signature	للنفيا ليا ل
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Schedule E)	IVI EXI ENE	TI OTILO	PAGE 68 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Felice Barrett			Date of Public Distribution/Dissemination
			07 24 2014
Mailing Address 1588 Asbury			Amount
City	State	Zip Code	14.31
Springdale	AR	72762	Transaction ID: 18b44479-d6c2-451a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	33647.17	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Tammay Williams			07 24 2014
Mailing Address 924 N. Prieur St			Amount
City	State	Zip Code	50.00
New Orleans	LA	70116	Transaction ID : 164c0ff1-a297-4e95-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		64.31
(b) SUBTOTAL of Unitemized Independent Expen	ditures		. •
			4 4 4
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature			

Schedule E)	I EXI END	II OI LO		PAGE 69 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends rep	port filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Tammay Williams				of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			Amou	07 24 2014 unt
City	State	Zip Code		12.00
New Orleans	LA	70116		saction ID : fbc25a32-cdd6-431f-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 00	2	07 24 7 2014
Name of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursemen 2014	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Carmen Maddrey				07 24 2014
Mailing Address 2043 Nottingham Ln			Amo	
City	State	Zip Code		40.00
Burlington	NC	27215		action ID: 016349a5-8a05-4599-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 00 <sup>2</sup>		07 24 Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Kay Hagan		Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disburseme 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditure	9S			52.00
(b) SUBTOTAL of Unitemized Independent Expendit	ures		\	
				7 7 7
(c) TOTAL Independent Expenditures			···· <b>\</b>	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Da	ite 07	26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	. EXI END	II OILEO		PAGE 70 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repo	port Amends repo	rt filed on	M / D = D / Y = Y = Y
Full Name of Payee			Data of	Distribution/Discomination
Carmen Maddrey			Date of	
Mailing Address 2043 Nottingham Ln			Amount	
City	State	Zip Code		1.20
Burlington	NC	27215		tion ID: bd02fbd8-70da-4758-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement F 2014 Othe	for: Primary ⊠ General er (specify) ▶
Full Name of Payee Barbara E Spritz				Public Distribution/Dissemination
·			07	
Mailing Address 3346 Durham St Ext			Amount	
City	State	Zip Code		40.00
Burlington	NC	27217	Transacti Date of	ion ID: 0854e9c6-03f4-4582-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 07	7 24 7 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	-
Calendar Year-To-Date Per Election for Office Sought	7 7	175466.55	Disbursement F 2014 Othe	For: Primary X General er (specify) ▶
C. Olipport				4400
(a) SUBTOTAL of Itemized Independent Expenditure	·S		·	41.20
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	7 1 7 1 7
(c) TOTAL Independent Expenditures			·	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ite or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date		26 2014
Signature		_		

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Barbara E Spritz	07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3346 Durham St Ext	Amount
City State Zip Code	1.80
Burlington NC 27217	Transaction ID: 9c4043d4-c9bd-4f50-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  175466.55	Disbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Brian Saltzler	07 24 2014
Mailing Address 601 S College Road	Amount
City State Zip Code	25.00
Wilmington NC 28403	Transaction ID: a364b6b3-8c1d-489e-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 24 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 175466.55	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	26.80
(b) SUBTOTAL of Unitemized Independent Expenditures	·
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were n with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M = M / D = D / Y = Y = Y
	e of Public Distribution/Dissemination
Brian Saltzler	07 24 2014
Mailing Address 601 S College Road Amo	ount
City State Zip Code	3.60
Wilmington NC 28403 Tran	nsaction ID: 75b30c73-2e19-4335-a e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office Sou	ght: House District: 00
Ms. Kay Hagan	
Calendar Year-To-Date Per Election for Office Sought  Disbursement 175466.55  Disbursement 175466.55	ent For: Primary ⊠ General  Other (specify) ▶
Malinda Ledford	e of Public Distribution/Dissemination  07 24 2014
Mailing Address 44 Bell Street Ext	ount
City State Zip Code	80.00
Spruce Pine NC 28777 Trans	saction ID: a59d6243-535f-40d8-9 e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 24 2014
Name of Federal Candidate Support Office Sou	ight: House District:00
Ms. Kay Hagan Presi	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	83.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (in party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee Malinda Ledford	Date of Public Distribution/Dissemination
	07
Mailing Address 44 Bell Street Ext	Amount
City State	Zip Code 30.60
Spruce Pine NC	28777 Transaction ID : 6b313e76-ebc1-4dbd-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 Other (specify) ▶
Full Name of Payee Virginia M Stevens  Mailing Address 1691 Fork Mtn Rd	Date of Public Distribution/Dissemination  M M M / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	Zip Code 80.00
Bakersville NC	28705 Transaction ID : 1b1ac99e-4391-4433-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	110.60
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>———</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	nditures reported herein were not made in cooperation, consultation, or concert ithorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 26 2014
Signature	

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	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Virginia M Stevens	07 24 2014
	Mailing Address 1691 Fork Mtn Rd	Amount
	City State Zip Code	30.60
	Bakersville NC 28705	Transaction ID : 3aa624f0-dd6f-4d6d-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 / 24 / Y 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disbt 2014	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  Wayne Burckel	Date of Public Distribution/Dissemination
	Mailing Address 46 Glenwood Ave	07 24 2014 Amount
	City State Zip Code	20.00
	Harahan LA 70123	Transaction ID : c706f634-769f-4325-9 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	50.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
		07 26 2014
	Signature	

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Per Election for Office Sought  Full Name of Payee Steven Best  Mailing Address 103 Washington Ave  Date of Public Distribution/Dissemination  Mod / 24 / 2014  Amount  City State Zip Code Newport NC 28570  Purpose of Expenditure Mileage  Category/ Mileage  Category/ Mileage  Category/ Mileage  Category/ Mileage  Oppose  Office Sought: House District: 00  Ms. Kay Hagan  NC Oppose  President X Senate State: NC		neddie E)	FOR SE OF FORM 24/48
Check if			FEC IDENTIFICATION NUMBER ▼
Full Name of Payee Steven Best  Mailing Address 103 Washington Ave    City	۷۷	omen Speak Out PAC	C C00530766
Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28570  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Caledar Year-To-Date Per Election for Office Sought  Newport NC 28570  Transaction ID : 21c79500-982a-4816-9  Date of Disbursement or Obligation  Transaction ID : 21c79500-982a-4816-9  Date of Disbursement or Obligation  Transaction ID : 21c79500-982a-4816-9  Date of Disbursement or Obligation  Transaction ID : 21c79500-982a-4816-9  Date of Disbursement or Obligation  Transaction ID : 10rany  General  Purpose of Expenditure  Amount  Date of Public Distribution/Dissemination  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Disbursement or Obligation  Transaction ID : 1093227b-5ad0-42b8-a  Date of Public Distribution/Dissemination	Che	eck if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y Y
Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28670  Furpose of Expenditure Salary Category Type 001  Name of Federal Candidate Support State State: NC Disbursement for Diligation President Senate State: NC Disbursement for Diligation President State: NC Disbursement for Diligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation President State: NC Disbursement for Diligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation President State: NC Disbursement for Diligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement or Obligation Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement For: 24 2014 Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement For: 24 2014 Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement For: 24 2014 Distribution Dissemination Transaction ID : 1933277-5ad0-42b8-8 Date of Disbursement For: 24 2014 Distribution Disseminat	П		Date of Public Distribution/Dissemination
City State Zip Code Newport NC 28570  Purpose of Expenditure Salary  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payes Steven Best  Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28570  Transaction ID : 21c79509-982a-4816-9 Date of Disbursement or Obligation  Total Year-To-Date Per Election for Office Sought  Transaction ID : 21c79509-982a-4816-9 Date of Disbursement or Obligation  Total Year-To-Date Per Election for Office Sought  Transaction ID : 10g-2271-10g-22		Steven Best	
Newport    Newport   NC   28570		Mailing Address 103 Washington Ave	Amount
Newport    Newport   NC   28570	ŀ	City State Zin Code	13.00
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Steven Best  Mailing Address  103 Washington Ave  City Newport  NC  28570  Purpose of Expenditure Mileage  NC  Category/ Type  O02  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  O7 24 7 2014  Amount  Category/ Type  O02  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  O7 24 7 2014  Amount  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  O7 24 7 2014  Amount  Category/ Type  O02  Ms. Kay Hagan  Oppose President Senate State: NC Disbursement For: Primary General  Other (specify)  Other (specify)  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  Transaction ID: 109327b-5ad0-42b8-a Date of Disbursement or Obligation  Transaction ID			Transaction ID : 21c79500-982a-48f6-9
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Steven Best  Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28570  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement or Obligation  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement or Obligation  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement or Obligation  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Transaction ID: 10932275-5a00-42b8-a Date of Disbursement For: □ Primary  General  Oppose  President  State: NC  Oppose  President  State: NC  Oppose  President  State: NC  Oppose  Oppose  President  State: NC  Oppose  Oppose  Pr		Salary Odlegory 001	M M / D D / Y Y Y
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC	ľ	Name of Federal Candidate Support Office	Sought: House District: 00
Per Election for Office Sought  Full Name of Payee Steven Best  Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28570  Purpose of Expenditure Mileage  Name of Federal Candidate Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures are reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  In the page of Public Distribution/Dissemination  Amount  Category/ 002  Transaction ID: 109322715-5ad0-4208-3  Transaction ID: 109322715-3ad0-4208-3  Transaction ID: 109322715-5ad0-4208-3  Transaction ID: 1		Ma Mary Harran	
Full Name of Payee Steven Best  Mailing Address 103 Washington Ave  City State Zip Code Newport NC 28570  Purpose of Expenditure Mileage Category/ May Again Senate State: NC  Category/ May Again Senate State: NC  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		475400 55	rrsement For: Primary X General
Steven Best    Mailing Address   103 Washington Ave		Per Election for Office Sought	Other (specify)
Mailing Address 103 Washington Ave    City			
Newport  NC  28570  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Topose  Calendar Year-To-Date Per Election for Office Sought  Topose  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  Office Sought: House District: O0 President Senate State: NC  Other (specify)  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  O7  26  2014		Mailing Address 103 Washington Ave	
Newport  NC  28570  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  Purpose of Expenditure Mileage  Category/ Type  O02  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Topose  Calendar Year-To-Date Per Election for Office Sought  Topose  Transaction ID: 1093227b-5ad0-42b8-a Date of Disbursement or Obligation  Office Sought: House District: O0 President Senate State: NC  Other (specify)  Other (specify)  (a) SUBTOTAL of Itemized Independent Expenditures  (b) SUBTOTAL of Unitemized Independent Expenditures  (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  O7  26  2014	ŀ	City State Zin Code	1.50
Purpose of Expenditure Mileage    Name of Federal Candidate			Transaction ID : 1093227b-5ad0-42b8-a
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC		Mileage Category/ 002	M = M / D = D / Y = Y = Y
Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	e Sought: House District:00
(a) SUBTOTAL of Itemized Independent Expenditures		Ms. Kay Hagan Oppose	President State: NC
(b) SUBTOTAL of Unitemized Independent Expenditures		2014	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  O7  26  2014	(	(a) SUBTOTAL of Itemized Independent Expenditures	14.50
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  **Ms. Emily Buchanan**  [Electronically Filed]  Date  Date  Date	(	(b) SUBTOTAL of Unitemized Independent Expenditures	
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	(c) TOTAL Independent Expenditures	
[Electronically Filed] Date 07 26 2014	١	with, or at the request or suggestion of, any candidate or authorized committee or agent of either	
		[El-+	

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<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee Date	e of Public Distribution/Dissemination
Trent C Oelschlaeger	07 24 2014
Mailing Address 18710 Strawberry Plant Road  Amo	ount
City State Zip Code	38.00
Fayetteville AR 72704 Tran	nsaction ID : 653fe01a-954e-4da9-a e of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor	45
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	
	Other (specify)
Full Name of Payee Trent C Oelschlaeger	e of Public Distribution/Dissemination
Mailing Address 18710 Strawberry Plant Road Amo	07 24 2014 ount
City State Zip Code	7.50
	saction ID : cfd20d22-8ced-4cc0-9 e of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
Name of Federal Candidate Support Office Sough	ght: House District: 00
Mr. Mark L Pryor Oppose Presi	
Calendar Year-To-Date Per Election for Office Sought  Disburseme 2014	ent For:
(a) SUBTOTAL of Itemized Independent Expenditures	45.50
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (i party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 26 2014
Signature	

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Schedule E)	LIVI EXI EIVE	TIONES	PAGE FOR S	77 OF 134 SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFI	CATION NUMBER ▼
Women Speak Out PAC			C C00530	766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	t filed on	) / Y = Y = Y
Full Name of Payee			Date of Public Distrib	ution/Dissemination
Solveig Lysne			07 / 24	
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		33.60
Wilmington	NC	28411	Transaction ID : 7cc Date of Disbursemen	
Purpose of Expenditure Salary		Category/ Type 001	07 / 24	
Name of Federal Candidate		Support	Office Sought: Hous	se District: 00
Ms. Kay Hagan		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For: Pr 2014 Other (specify) ▶	imary X General
Full Name of Payee			Date of Public Distrib	oution/Dissemination
Solveig Lysne			07 / 24	
Mailing Address 7121 Oyster Lane			Amount	
City	State	Zip Code		9.51
Wilmington	NC	28411	Transaction ID: 4622 Date of Disbursemen	
Purpose of Expenditure Mileage		Category/ Type 002	07 / D 24	
Name of Federal Candidate		Support	Office Sought: House	se District: 00
Ms. Kay Hagan		X Oppose	President Sena	
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: Pr 2014 Other (specify)	imary X General
(a) SUBTOTAL of Itemized Independent Expen	ditures			43.11
, ,				7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>	49-
(c) TOTAL Independent Expenditures			·	7 1 2
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07 26 Y	2014
S.g.iataro				

Schedule E)	VI EXI END	TOTILO	PAGE 78 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	10.00
Metaire	LA	70003	Transaction ID : 2c12188e-8217-44ac-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For:  Primary  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  General  General  General  General  General  General   General  Genera
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			07 / 24 / 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	0.30
Metaire	LA	70003	Transaction ID: 4c78a1e3-f716-42f8-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	73130.54	Disbursement For:  Primary  ☐ General 2014  General Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditu	res		• 10.30
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			· • · · · · · · · · · · · · · · · · · ·
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorize		
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	9 07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	M M / D D / Y Y Y Y Y
	Date of Public Distribution/Dissemination
Wayne Burckel	07
Mailing Address 46 Glenwood Ave	Amount
City State Zip Code	15.00
Harahan LA 70123 T	ransaction ID: 5372b25e-d6ba-4771-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07
Name of Federal Candidate Support Office So	ought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General
Full Name of Payee	Other (specify)  Oate of Public Distribution/Dissemination
Wayne Burckel	or Public Distribution/Disserningtion
Mailing Address 46 Glenwood Ave	Amount
City State Zip Code	0.60
Harahan LA 70123 Tr.	ransaction ID : a6c59d96-349b-4f32-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose Pr	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	15.60
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, o party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 26 / Y Y Y Y Y Y Y Y
Signature	التنبا لتا ا

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Sch	hedule E)		11011=0				PAGE 80 OF 134 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					C	C00530766
Che	ck if 24-hour report X 48-hour report Ne	ew rep	oort Am	ends repo	ort filed or	n M = M /	D = D / Y = Y = Y
T	Full Name of Payee Corey Miller					M = M /	Distribution/Dissemination
	Mailing Address 8617 Riley Hills Rd					07 Amount	24 2014
-	City State		Zip Code		— I		40.00
	Zebulon NC		27597				D: cb804c80-aa0f-4f69-9 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	24 / 2014
I	Name of Federal Candidate		<u>'</u>	Support	Office S	Sought:	House District: 00
	Ms. Kay Hagan			Oppose			Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	1	175466.55		Disburse 2014	ement For: Other (spe	Primary
	Full Name of Payee Corey Miller				]	Date of Public	Distribution/Dissemination
	Mailing Address 8617 Riley Hills Rd				,	Amount	
	City State		Zip Code				14.40
	Zebulon NC		27597				D: 6136e2cb-68f0-413c-b ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	24 2014
- 1	Name of Federal Candidate			Support	Office S	Sought:	House District: 00
	Ms. Kay Hagan		X	Oppose	P	resident	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		175466.55	5	Disburs 2014	ement For: Other (sp	Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures				• [	7	54.40
(k	b) SUBTOTAL of Unitemized Independent Expenditures				. •	1 1 7	
(0	c) TOTAL Independent Expenditures				• [		
W	Inder penalty of perjury I certify that the independent expending or at the request or suggestion of, any candidate or author arty committee) any political party committee or its agent.						
		lectron	ically Filed]	Date	9 07	/ D D D 26	2014
	Signature						

· · ·				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repor	rt Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Jonathan Odette			M	07
Mailing Address 9600 Earpsboro Chamblee Road			Amou	nt
City	State 2	Zip Code		40.00
Wendell	NC	27591		action ID: 01a11fe9-9574-4a40-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 D D D Y Y Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	17	75466.55	Disbursemen 2014	t For: Primary ⊠ General ther (specify) ▶
Full Name of Payee Jonathan Odette  Mailing Address 9600 Earpsboro Chamblee Roa	d			of Public Distribution/Dissemination  07
City	State	Zip Code		7.50
Wendell	NC	27591		oction ID: b24a62a3-2f78-45db-8 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	N	07 24 / 2014
Name of Federal Candidate		Support	Office Sough	it: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	175466.55	Disbursemen 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditu	res		•	47.50
(b) SUBTOTAL of Unitemized Independent Expend	itures		· -	7
(c) TOTAL Independent Expenditures			<b>•</b>	7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	late or authorized			
Ms. Emily Buchanan	[Electronic	ally Filed] Date	07 /	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

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OF

	icatic Ly		FOR SE OF FORM 24/48
	TE OF COMMITTEE (In Full)	FEC	IDENTIFICATION NUMBER ▼
۷۷(	omen Speak Out PAC	C	C00530766
Chec	ck if 24-hour report X 48-hour report New report Amends report filed	on M M M	/ D = D / Y = Y = Y = Y
TF	Full Name of Payee	Date of Pul	blic Distribution/Dissemination
	Caleb Craig	M M M	/ 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
N	Mailing Address 1410 Bushville drive	Amount	
	City State Zip Code		100.00
	Lenoir NC 28645		in ID: a017814f-89fb-4d18-a sbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07	24 2014
Ī	Name of Federal Candidate Support Office	Sought:	House District: 00
	Ms. Kay Hagan Oppose	President	Senate State: NC
	475 400 55	ırsement For:	: Primary X General
	Tot Election for Chice Godgin	Other (	(specify) ►
	Full Name of Payee  Caleb Craig	M M	blic Distribution/Dissemination
	Mailing Address 1410 Bushville drive	07	24 2014
	. TIO DUOTIVINO UTIVO	Amount	
-	City State Zip Code		6.90
	Lenoir NC 28645	Transaction Date of Dis	n ID: 8485ae7c-99d3-4b1d-b sbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	M 07	24 2014
T	Name of Federal Candidate Support Office	e Sought:	House District: 00
		President	
			: Primary
(a	a) SUBTOTAL of Itemized Independent Expenditures		106.90
(b	SUBTOTAL of Unitemized Independent Expenditures		7.1.7.1.2.1
(с	c) TOTAL Independent Expenditures		7
wi	nder penalty of perjury I certify that the independent expenditures reported herein were not maith, or at the request or suggestion of, any candidate or authorized committee or agent of either arty committee) any political party committee or its agent.		
	Ms. Emily Buchanan [Electronically Filed] Date	7 26	
	Signature		
		,	

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NAME OF COMMITTEE (In Full)  FEC IDENTIFICATION	
Manage Chaol, Out DAC	TION NUMBER ▼
Women Speak Out PAC  C coo530766	6
Check if 24-hour report X 48-hour report New report Amends report filed on	/
Full Name of Payee  Jennie Butler  Date of Public Distribution	on/Dissemination
07 24	2014
Mailing Address 1676 Shady Creek Rd Amount	
City State Zip Code	46.60
Ayden NC 28513 Transaction ID : d779f5 Date of Disbursement of	
Purpose of Expenditure Salary  Category/ Type  O01  O7  O7  O9  O7  O7  O7  O7  O7  O7  O7	/ Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Prima 2014 □ Other (specify) ▶ □	ary X General
Full Name of Payee Date of Public Distribution	on/Dissemination
Jennie Butler	2014
Mailing Address 1676 Shady Creek Rd Amount	
City State Zip Code	10.89
Ayden NC 28513 Transaction ID: 04f3c0e Date of Disbursement o	
Purpose of Expenditure Mileage  Category/ Type  002  07  24	2014
Name of Federal Candidate Support Office Sought: House	District:00
Ms. Kay Hagan	State: NC
Calendar Year-To-Date Per Election for Office Sought  175466.55  Disbursement For: □ Prima 2014  Other (specify) ▶	ary X General
(a) SUBTOTAL of Itemized Independent Expenditures	57.49
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consu with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.	
(77)	2014

Sch	edule E)	EXI ENDI	101120		-	PAGE 84 OF 134 FOR SE OF FORM 24/48
	E OF COMMITTEE (In Full)					NTIFICATION NUMBER ▼
Wc	omen Speak Out PAC					00530766
Chec	k if 24-hour report X 48-hour report	X New repo	ort Amends re	eport filed	on M M /	D   D / Y   Y   Y   Y
	Full Name of Payee Amiracle R Ross					Distribution/Dissemination
	Mailing Address 3411 Asher Ave				07 /	24 2014
ı					Amount	
C	City	State	Zip Code			24.50
	Little Rock	AR	72204			: 87c39bd2-bf9c-4c47-9 ement or Obligation
	Purpose of Expenditure Salary		Category/ Type	01	07	24 / 2014
١	lame of Federal Candidate		Support	Office	Sought:	House District: 00
	Mr. Mark L Pryor		X Oppose		President X	Senate State: AR
L	Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbu 2014	rsement For:  Other (spec	Primary
	Full Name of Payee Amiracle R Ross				Date of Public I	Distribution/Dissemination
	Allillacie R Ross				07 /	24 2014
N	Mailing Address 3411 Asher Ave				Amount	
	,	State	Zip Code			10.50
	Little Rock	AR	72204		Date of Disburs	1399d242-e51f-4c2c-a sement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 00	)2	07 /	24 / 2014
1	Name of Federal Candidate		Support	t Office	Sought:	House District: 00
	Mr. Mark L Pryor		X Oppose		President X	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbu 2014	orsement For:  Other (spec	Primary
(a	) SUBTOTAL of Itemized Independent Expenditures.			····· <b>&gt;</b>	7	35.00
(b	) SUBTOTAL of Unitemized Independent Expenditure	9s		····· <b>&gt;</b>	7	7
(с	) TOTAL Independent Expenditures			······ <b>&gt;</b>	- 7	7
wi	nder penalty of perjury I certify that the independent th, or at the request or suggestion of, any candidate rty committee) any political party committee or its ag	or authorized				
	Ms. Emily Buchanan	[Electroni	cally Filed]	ate 0	7 26	2014
	Signature		_			

	F	OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC	C co	00530766
Check if 24-hour report X 48-hour report New report Am	nends report filed on	D = D / Y = Y = Y
Full Name of Payee	Date of Public I	Distribution/Dissemination
Amanda Boley	M M / 07	24 2014
Mailing Address Split Oak Drive	Amount	
City State Zip Code		45.00
charlotte NC 28227		: fc2f616c-9aef-46fd-a ement or Obligation
Purpose of Expenditure Salary  Category/ Type	001 07 /	24 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ma Manual Landston		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought 73130.54	Disbursement For:  2014  Other (spec	Primary Seneral
Full Name of Payer		
Full Name of Payee Amanda Boley	Date of Public I	Distribution/Dissemination  24  2014
Mailing Address Split Oak Drive	Amount	24 2014
City State Zip Code		25.20
charlotte NC 28227		7b03eada-8626-4e2e-8 sement or Obligation
Purpose of Expenditure Mileage  Category/ Type	002 M 07 /	24 / 2014
Name of Federal Candidate	Support Office Sought:	House District: 00
Ms. Mary L Landrieu	Oppose President X	
Calendar Year-To-Date Per Election for Office Sought 73130.5	Disbursement For: 2014 Other (spec	Primary
(a) SUBTOTAL of Itemized Independent Expenditures	······	70.20
(b) SUBTOTAL of Unitemized Independent Expenditures	······	Apr. 1 Apr.
(c) TOTAL Independent Expenditures	······································	9 1 4
Under penalty of perjury I certify that the independent expenditures reported he with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronically Filed]	Date 07 26	2014
Signature	لئا با	

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OF

	· –,		FOR SE OF	FORM 24/48
	COMMITTEE (In Full)	FEC	IDENTIFICATION	ON NUMBER ▼
vvomer	Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ D = D /	Y = Y = Y
	me of Payee Date	of Pub	lic Distribution/	Dissemination
	ph P Pthierfelder	M	24	2014
Mailing	Address 2411 Armstrong Amo	unt		
City	State Zip Code			57.00
Gastor	ia NC 28054 <b>Trar</b>		n ID: 8cacfe90 bursement or C	
Purpos Salary	e of Expenditure  Category/ Type  001	M 07	24	2014
Name	of Federal Candidate Support Office Sough	ght:	House	District:00
Ms. Ka	y Hagan Oppose Presi		X Senate	State: NC
	lendar Year-To-Date r Election for Office Sought  Disburseme 2014		Primary specify) ▶	General
Full Na				Discomination
	ph P Pthierfelder	M = M 07	olic Distribution/	2014
Mailing	Address 2411 Armstrong Amo		24	2014
City	State Zip Code			10.50
Gasto	nia NC 28054 <b>Tran</b> s		ID: f7c0b3b0- bursement or 0	
Purpos Mileag	e of Expenditure	M 07	24	2014
Name	of Federal Candidate Support Office Sou	ght:	House	District: 00
Ms. Ka	y Hagan Oppose Presi	dent	X Senate	State: NC
	Disburseme 2014 2014		Primary specify) ▶	X General
(a) SUE	TOTAL of Itemized Independent Expenditures		7	67.50
(b) SUE	TOTAL of Unitemized Independent Expenditures			
(c) TOT	AL Independent Expenditures		7	
with, or	enalty of perjury I certify that the independent expenditures reported herein were not made in at the request or suggestion of, any candidate or authorized committee or agent of either, or (inmittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date 07	26		4
Signa				

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OF

· · · · · · · · · · · · · · · · · · ·	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Emily Butler	07 24 Y 2014
Mailing Address 1676 Shady Creek Rd	Amount
City State Zip Code	50.00
Ayden NC 28513	Transaction ID: ae09c484-4b20-45b6-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Me Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Peter Sahuc	07 24 2014
Mailing Address 107 Phillip Ave	Amount
City State Zip Code	40.00
Lafayette LA 70503	Transaction ID: c252567e-39cc-4808-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	90.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	7 26 2014
Signature	

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OF

NAME OF COMMITTEE (In Full)	E OF FORM 24/48
	CATION NUMBER ▼
Women Speak Out PAC  C coosso	
Check if 24-hour report	/ Y = Y = Y = Y
Full Name of Payee Date of Public Distribution	ution/Dissemination
Peter Sahuc 07 24	2014
Mailing Address 107 Phillip Ave Amount	
City State Zip Code	2.31
Lafayette LA 70503 Transaction ID : 7108 Date of Disbursement	
Purpose of Expenditure Mileage  Category/ Type  002  07  24	
Name of Federal Candidate Support Office Sought: House	e District: 00
Ms. Mary L Landrieu	te State: LA
Calendar Year-To-Date Per Election for Office Sought  73130.54  Disbursement For: □ Pri 2014  Other (specify) ▶	mary X General
Full Name of Payee Date of Public Distrib	ution/Dissemination
Lorri Anderson	
Mailing Address 7214 Duchamp Dr Amount	
City State Zip Code	25.00
Charlotte NC 23215 Transaction ID : 72776 Date of Disbursemen	
Purpose of Expenditure Salary  Category/ Type  001  07  24	
Name of Federal Candidate Support Office Sought: House	se District: 00
Ms. Kay Hagan	te State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: □ Pr 2014  Other (specify) ▶	imary X General
(a) SUBTOTAL of Itemized Independent Expenditures	27.31
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7 1 2
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting er party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 07 26	<sup>Y</sup>

Schedule E)	LXI LIIDI	101120		PAGE 89 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New repo	ort Amends rep	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lorri Anderson				of Public Distribution/Dissemination
Mailing Address 7214 Duchamp Dr			Amou	07 24 2014 Int
City S	State	Zip Code		10.80
Charlotte	NC	23215		saction ID : 4a3cec61-900b-4bb5-a of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		07 24 7 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Ms. Kay Hagan		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	75466.55	Disbursement 2014 O	nt For:
Full Name of Payee			Date	of Public Distribution/Dissemination
Kevin L Battle				07 24 2014
Mailing Address 3300 Asher Ave			Amou	
City	State	Zip Code	— r	40.00
'	AR	72204		action ID : ff0336cb-c123-4428-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 24 2014
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought	1 1 7	33647.17	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures			•	50.80
(b) SUBTOTAL of Unitemized Independent Expenditure	ae			
(S) COSTOTAL OF CHIROMIZED INDEPENDENT EXPENDITURE				
(c) TOTAL Independent Expenditures			··· •	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Dat	e 07	26 2014
Signature				

	_,						FOR SE OF	FORM 24/48
	OMMITTEE (In Full)					FEC	IDENTIFICATION	ON NUMBER ▼
vvoirien	Speak Out PAC					С	C00530766	
Check if	24-hour report X 48-hour report	New repo	ort An	nends repo	rt filed on	M = M	/ D D /	Y II Y II Y
	e of Payee				Date	of Pub	lic Distribution/	Dissemination
Kevin	L Battle					M M M	24	2014
Mailing A	ddress 3300 Asher Ave				Amo	ount		
City		State	Zip Code					15.00
Little Ro		AR	72204				ID: c177c5a5 oursement or C	
Purpose Mileage	of Expenditure		Category/ Type			M 07	24	2014
Name of	Federal Candidate			Support	Office Sou	ght:	House	District: 00
Mr. Mark	L Pryor		X	Oppose	Presi	dent	X Senate	State: AR
	ndar Year-To-Date Election for Office Sought		33647.17		Disburseme		Primary specify) ▶	X General
Full Nam	e of Payee						olic Distribution/	Dissemination
	sa A Touchet					M M M 07	/ 24 /	2014
Mailing A	ddress 102 French Street #3				Amo	ount		
City		State	Zip Code					29.00
New Orl		NC	70124				ID: 566aef73-6 bursement or C	
Purpose Salary	of Expenditure		Category/ Type			M M M 07	24	2014
Name of	Federal Candidate			Support	Office Sou	ght:	House	District:00
Ms. Mar	L Landrieu		X	Oppose	Pres	ident	X Senate	State: LA
	endar Year-To-Date Election for Office Sought	, ,	73130.5	54	Disburseme 2014		Primary	X General
(a) SUBT	OTAL of Itemized Independent Expenditures				• [			44.00
(b) SUBT	OTAL of Unitemized Independent Expenditur	res			· • [			
(c) TOTA	Independent Expenditures				• [		7	
with, or at	alty of perjury I certify that the independenthe request or suggestion of, any candidate mittee) any political party committee or its again	or authorized						
<u> </u>	Ms. Emily Buchanan	[Electroni	cally Filed]	Date	M M M	26	201	
Signatu	ile							

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OF

Schedule E)	PAGE 91 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed on	n M = M / D = D / Y = Y = Y
Full Name of Payee Theresa A Touchet	Date of Public Distribution/Dissemination
Mailing Address 102 French Street #3	07 24 2014 Amount
	1.80  Fransaction ID: 1494aa4c-cb60-43b7-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms Mary I Landrieu	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
Full Name of Payee Anna Harris	Date of Public Distribution/Dissemination  07  07  07  07  07  07
Mailing Address 3654 Tara St	Amount
City State Zip Code	15.00
Springdale AR 72762 T	ransaction ID : e4a4899f-4594-4e04-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 D D D / Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr Mark I Pryor	President State: AR State:
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	16.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

Scl	hedule E)	.XI LIVDI	101120				PAGE 92 OF 134 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER ▼
W	omen Speak Out PAC					С	C00530766
Che	eck if 24-hour report X 48-hour report	New repo	ort Amend	ds repor	rt filed on	= M /	D = D / Y = Y = Y
Т	Full Name of Payee Mattie Harris					of Public	Distribution/Dissemination
-	Mailing Address 3654 Tara St				Amou	07	24 2014
					/		
1	City Sta		Zip Code				85.00
		AR	72762				D: 2f21b706-3c40-49fc-8 rsement or Obligation
	Purpose of Expenditure Salary		Category/ Type	001		07 /	24 / 2014
ŀ	Name of Federal Candidate		Supp	port	Office Sough	t:	House District:00
	Mr. Mark L Pryor		X Opp		Preside	_	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		33647.17		Disbursemen 2014 O	t For: ther (sp	Primary
Γ	Full Name of Payee						Distribution/Dissemination
	Mattie Harris				T.	07 /	24 2014
1	Mailing Address 3654 Tara St					U/	24 2017
					Amou	nt	
ŀ	City Sta	ate	Zip Code				16.20
	-F3	AR	72762		Transa Date	ction ID	D: cb3b91eb-eee3-4b93-8 ursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type	002		07 /	24 2014
Ī	Name of Federal Candidate		Sup	port	Office Sough	t:	House District: 00
	Mr. Mark L Pryor		X Opp	ose	Presid	ent >	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought		33647.17	]	Disbursemer 2014 C		Primary ⊠ General pecify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures				<b>•</b>		101.20
(1	b) SUBTOTAL of Unitemized Independent Expenditures				•	1 7	
(0	c) TOTAL Independent Expenditures				<b>.</b>	1 7	
W	Under penalty of perjury I certify that the independent ex vith, or at the request or suggestion of, any candidate or party committee) any political party committee or its agen	r authorized					
	Ms. Emily Buchanan	[Electroni	ically Filed]	Date	07 /	26	/ Y Y Y Y Y Y 2014
	Signature		_				

· · · · ,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report	New report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
OBrian Price	07
Mailing Address 2400 Covenant Cove	Amount
City State	Zip Code 75.00
Little Rock AR	72204 Transaction ID : 14dfd84c-5060-410e-a Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee OBrian Price	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2400 Covenant Cove	Amount
City State	Zip Code 25.50
Little Rock AR	72204 Transaction ID : bd339322-d83d-463b-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 002 24 7 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	100.50
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	······································
	enditures reported herein were not made in cooperation, consultation, or concert authorized committee or agent of either, or (if the reporting entity is not a political
	[Electronically Filed] Date 07 26 2014
Signature	

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outed a contract of the contra	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report 48-hour report New report Amends report filed or	n M M / D D / Y Y Y Y
	Date of Public Distribution/Dissemination
Larry Freeman	07
Mailing Address 11214 Mesa drive	Amount
City State Zip Code	75.00
Little rock AR 72211	Fransaction ID: 14e17722-896d-49aa-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office S	Sought: House District: 00
Mr. Mark L Pryor Oppose P	resident State: AR
Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary General
	Other (specify)
Full Name of Payee Lily Green	Date of Public Distribution/Dissemination  07 24 2014
Mailing Address 205 Medallion Circle	07 24 2014 Amount
City State Zip Code	80.00
	ransaction ID: 369ab8df-1087-4f06-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
Name of Federal Candidate Support Office S	Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disburs 2014	ement For:
(a) SUBTOTAL of Itemized Independent Expenditures	155.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	لسنسا لسا ا

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<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Lily Green	07 / 24 / 2014
Mailing Address 205 Medallion Circle	Amount
City State	Zip Code 26.10
Shreveport LA	71119 Transaction ID : 41692130-42a5-4291-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 / 24 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee Kenny Wallis	Date of Public Distribution/Dissemination  07 24 2014
Mailing Address 6412 Osage Dr	Amount
City State	Zip Code 50.00
North Little rock AR	72116 Transaction ID : a94e7943-9d7a-40f0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Mr. Mark L Pryor	Oppose President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General  2014  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	76.10
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
	Electronically Filed] Date 07 26 2014
Signature	

PAGE

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends r	report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Kenny Wallis	07 24 2014
Mailing Address 6412 Osage Dr	Amount
City State Zip Code	2.34
North Little rock AR 72116	Transaction ID : 2082fdc9-dbda-4dfe-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  O	002 07 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Suppor	t Office Sought: House District:00
Mr. Mark L Pryor Oppose	
Calendar Year-To-Date Per Election for Office Sought 33647.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Page	
Full Name of Payee Phillip Williams	Date of Public Distribution/Dissemination  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3007 Darden Rd	Amount
City State Zip Code	62.50
Greensboro NC 27407	Transaction ID: 74a0cd7c-0e95-407a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  0	01 07 / 24 / 2014
Name of Federal Candidate Suppor	rt Office Sought: House District: 00
Ms. Kay Hagan Oppose	
Calendar Year-To-Date Per Election for Office Sought  175466.55	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	64.84
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or age party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	Date 07 26 2014
Signature	

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OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	ate of Public Distribution/Dissemination
Phillip Williams	07
Mailing Address 3007 Darden Rd	nount
City State Zip Code	15.00
Greensboro NC 27407 Tra	ansaction ID : 66d26ba0-159b-4d4f-8 tte of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type 002	07
Name of Federal Candidate Support Office Soil	ught: House District:00
Mc Kay Hagan	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	7
	Other (specify) ▶ate of Public Distribution/Dissemination
Beverly Williams	07 24 2014
Mailing Address 3007 Darden Rd	nount
City State Zip Code	62.50
Greensboro NC 27407 <b>Tra</b>	nsaction ID: bb640e9d-4036-4248-9 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	esident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disburser 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	77.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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OF

,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	ort New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Ralphie Lockhart				07 24 2014
Mailing Address 6310 Col Glenn Rd			Amo	unt
City	State	Zip Code	—Г	70.00
Little Rock	AR	72204		saction ID: 489a98df-93b5-40c0-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	] [	07 24 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disburseme	nt For:
Full Name of Payee				of Public Distribution/Dissemination
Ralphie Lockhart			Date	07 24 2014
Mailing Address 6310 Col Glenn Rd			Amo	
City	State	Zip Code		21.00
Little Rock	AR	72204		action ID : d2ba1aac-d437-4f5d-9 of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	] [	07 24 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor		X Oppose	Presid	dent State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disburseme 2014	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Exp	enditures		•	91.00
(b) SUBTOTAL of Unitemized Independent E	xpenditures		· -	7 7 7
(c) TOTAL Independent Expenditures			•	
Under penalty of perjury I certify that the ind with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	M M /	26 / Y = Y = Y = Y = Y
Signature				

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OF

Women Speak Out PAC	ATION NUMBER ▼					
vvomen Speak Out PAC						
C C0053076	66					
Check if 24-hour report						
Full Name of Payee Date of Public Distribution	ion/Dissemination					
Christopher Marquess	2014					
Mailing Address 110 W Pecan St  Amount						
City State Zip Code	60.00					
Ville Platte  LA 70586  Transaction ID: b4842  Date of Disbursement of	0c6-c980-470d-b					
Purpose of Expenditure Salary  Category/ Type  O01  O7  24	/ Y Y Y Y Y 2014					
Name of Federal Candidate Support Office Sought: House	District: 00					
Ms. Mary L Landrieu	State: LA					
Calendar Year-To-Date Per Election for Office Sought  Total Prime 2014  Other (specify) ▶	ary Seneral					
Full Name of Payee Date of Public Distribution	ion/Dissemination					
Christopher Marquess 07 24	2014					
Mailing Address 110 W Pecan St Amount						
City State Zip Code	34.50					
Ville Platte  LA 70586  Transaction ID: 42a327  Date of Disbursement of						
Purpose of Expenditure Mileage  Category/ Type  002  07  07  24	2014					
Name of Federal Candidate Support Office Sought: House	District:00					
Ms. Mary L Landrieu	State: LA					
Calendar Year-To-Date Per Election for Office Sought  73130.54  Disbursement For: □ Prim 2014  Other (specify) ▶	ary X General					
(a) SUBTOTAL of Itemized Independent Expenditures	94.50					
(b) SUBTOTAL of Unitemized Independent Expenditures	, ,					
(c) TOTAL Independent Expenditures	, , ,					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consumith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity party committee) any political party committee or its agent.						
CTU II TUI II	2014					

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Evelyn Lesaicherre	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 629 Radiance Ave	nount
City State Zip Code	70.00
Metairie LA 70001 Tra	ansaction ID : b6a4eacf-6752-439d-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Oppose Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For:
	ate of Public Distribution/Dissemination
Evelyn Lesaicherre	07
Mailing Address 629 Radiance Ave	nount
City State Zip Code	4.20
Da	nsaction ID : 9e107e19-d883-4d6c-a ate of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 07 / D D / Y Y Y Y Y Y Y 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	esident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	74.20
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 26 2014
Signature	

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OF

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48	3-hour report New report	ort Amends repor	filed on/	D = D / Y = Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Theresa Burkhart			M M /	24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3126 Chester Ct			Amount	
City	State	Zip Code		50.00
Metairie	LA	70006		D: 04dffa1c-f1d4-4547-a rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	-	Senate State: LA
Calendar Year-To-Date Per Election for Office Sough	nt	73130.54	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee				Distribution/Dissemination
Theresa Burkhart			Date of Public	24 2014
Mailing Address 3126 Chester	Ct		Amount	24 2014
City	State	Zip Code		7.35
Metairie	LA	70006		: e0cff88d-7f6c-4c25-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 07 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sougl	ht	73130.54	Disbursement For: 2014 Other (spe	Primary
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		<b>•</b>	57.35
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		<b>•</b>	49- 1-49-
(c) TOTAL Independent Expenditu	res		<b>•</b>	
Under penalty of perjury I certify t with, or at the request or suggestic party committee) any political party	on of, any candidate or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M / D D D 07 26	2014
Signature		_ , - Date		

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OF

Schedule E)	ONES	PAGE 102 OF 134 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
check if 24-hour report X 48-hour report New report	t Amends report filed on	M = M / D = D / Y = Y = Y
Full Name of Payee		rate of Public Distribution/Dissemination
Tarrin Lesaicherre		07 24 2014
Mailing Address 629 Radiance Ave	A	mount
City State Z	Zip Code	70.00
	70001 T	ransaction ID: 9312198a-64f4-47b7-9 late of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 24 2014
Name of Federal Candidate	Support Office So	ought: House District:00
Ms. Mary L Landrieu	X Oppose Pr	esident State: LA
Calendar Year-To-Date Per Election for Office Sought 7	Disburse 2014	ement For:  Primary
Full Name of Payee		Pate of Public Distribution/Dissemination
Tarrin Lesaicherre		07 24 2014
Mailing Address 629 Radiance Ave	А	mount
City State 2	Zip Code	4.20
Metairie LA		ansaction ID: 6973ecd6-8068-494a-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	07
Name of Federal Candidate	Support Office S	ought: House District: 00
Ms. Mary L Landrieu	Oppose Pr	resident Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disburse 2014	ement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	<b>.</b> [	74.20
		7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7
(c) TOTAL Independent Expenditures	·····	1 1 7 1 1 7 1 1 7 1
Under penalty of perjury I certify that the independent expenditures rewith, or at the request or suggestion of, any candidate or authorized of party committee) any political party committee or its agent.		
Ms. Emily Buchanan [Electronics Signature	ally Filed] Date 07	26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends re	port filed on DDD / YTYTY
Full Name of Payee	Date of Public Distribution/Dissemination
Bradley K Kissinger	07 24 2014
Mailing Address 3113 Imperial Valley Dr.	Amount
City State Zip Code	85.00
Little Rock AR 72212	Transaction ID : 61978aca-d49c-48aa-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  OC	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 33647.17	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee	
Bradley K Kissinger	Date of Public Distribution/Dissemination  O7 24 2014
Mailing Address 3113 Imperial Valley Dr.	Amount
City State Zip Code	13.80
Little Rock AR 72212	Transaction ID : 1e82b15a-24a9-45c4-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  00	M M / D D / Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 33647.17	Disbursement For:  Primary  General 2014  Gher (specify) ►
(a) SUBTOTAL of Itemized Independent Expenditures	98.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed]	ate 07 26 2014
Signature	

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OF

<u> </u>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Lee R Carter	07 24 2014
Mailing Address 3110 Brentwood Rd	nount
City State Zip Code	30.00
Raleigh NC 27604 Tra	ansaction ID: 9a5975b4-8a10-4877-8 te of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 DDD YYYYY 24 2014
Name of Federal Candidate Support Office Sou	ught: House District:00
Me Kay Hagan	sident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursem 2014	1
Full Name of Days	Other (specify)
Full Name of Payee Lee R Carter	te of Public Distribution/Dissemination
Mailing Address 3110 Brentwood Rd Am	07 24 2014 nount
City State Zip Code	2.10
	nsaction ID: e70fbd18-2b0c-41df-9 tte of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 24 7 2014
Name of Federal Candidate Support Office Soci	ught: House District: 00
Ms. Kay Hagan Pres	sident State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	nent For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	32.10
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7 1 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	/ D D / Y Y Y Y Y Y 26 2014
Signature	

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Schedule E)	IN EXILIN	DITOTILO	PAGE 105 OF 134 FOR SE OF FORM 24/48					
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼					
Women Speak Out PAC			C C00530766					
Check if 24-hour report X 48-hour report	Check if 24-hour report X 48-hour report New report Amends report filed on							
Full Name of Payee			Date of Public Distribution/Dissemination					
Sarah Burckel			07					
Mailing Address 46 Glenwood Ave			Amount					
City	State	Zip Code	25.00					
Harahan	LA	70123	Transaction ID : beaa946a-455d-41f3-b Date of Disbursement or Obligation					
Purpose of Expenditure Salary		Category/ Type 001	07 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y					
Name of Federal Candidate		Support	Office Sought: House District:00					
Ms. Mary L Landrieu		X Oppose	President Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:  Primary  General 2014  Other (specify) ▶					
Full Name of Payee			Date of Public Distribution/Dissemination					
Sarah Burckel			07 24 2014					
Mailing Address 46 Glenwood Ave			Amount					
City	State	Zip Code	0.90					
Harahan	LA	70123	Transaction ID : 2efa5acf-55d5-4d25-8 Date of Disbursement or Obligation					
Purpose of Expenditure Mileage		Category/ Type 002	07 24 2014					
Name of Federal Candidate		Support	Office Sought: House District: 00					
Ms. Mary L Landrieu		X Oppose	President Senate State: LA					
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For:  Primary  General 2014  Gther (specify) ▶					
(a) SUBTOTAL of Itemized Independent Expendit	ures		. ▶ 25.90					
(b) SUBTOTAL of Unitemized Independent Exper	nditures		<b>)</b>					
(c) TOTAL Independent Expenditures								
	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political					
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 26 7 2014					
S.g.iataro								

	include Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۷	/omen Speak Out PAC		С	C00530766	
Che	eck if 24-hour report X 48-hour report New report Amends report		M = M	/ D = D /	Y II Y II Y
T	Full Name of Payee	Date	of Pub	olic Distribution	Dissemination
	Marysol Netro		07	24	2014
	Mailing Address 312 S Gunter St	Amo	unt		
ŀ	City State Zip Code	-	-		30.00
	Siloam Springs AR 72761			n ID: 2049aa48 bursement or 0	3-3997-4494-a
	Purpose of Expenditure Salary  Category/ Type  001		07	24	2014
	Name of Federal Candidate Support C	Office Soug	ht:	House	District:00
	Mr. Mark L Pryor Oppose	Presid	dent	X Senate	State: AR
	Calcificat four to Date	Disburseme		,	X General
	Full Name of Payee			specify)	/Discomination
	Marysol Netro	Date	M = M 07	olic Distribution	2014
	Mailing Address 312 S Gunter St	Amo	-	24	2014
	City State Zip Code	$ \Gamma$			1.20
	Siloam Springs AR 72761			ID: 67aee061- bursement or 0	
	Purpose of Expenditure Mileage  Category/ Type  002	] [	M 07	24	2014
	Name of Federal Candidate Support	Office Soug	ht:	House	District: 00
	Mr. Mark L Pryor Oppose	Presid		X Senate	State: AR
		Disburseme 2014 (		Primary	General
(	(a) SUBTOTAL of Itemized Independent Expenditures	· [			31.20
(	(b) SUBTOTAL of Unitemized Independent Expenditures	•		p 1	
(	(c) TOTAL Independent Expenditures	•		77-	
١	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of exparty committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	26		4
	Signature				

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OF

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
٧	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	d on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Michael Vidrine	07 24 2014
	Mailing Address 1103 West Wilson Street	Amount
	City State Zip Code	55.00
	Ville Platte LA 70586	Transaction ID : 37dc0480-d092-4293-8 Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	07
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought 73130.54 Disb	ursement For: Primary X General
		U Other (specify) ▶
	Full Name of Payee  Michael Vidrine	Date of Public Distribution/Dissemination
	Mailing Address 1103 West Wilson Street	07 24 2014 Amount
	City State Zip Code	30.90
	Ville Platte LA 70586	Transaction ID : c3c52c81-b08b-4bd6-8 Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President State: LA
	Calendar Year-To-Date Per Election for Office Sought  73130.54  Disb. 2014	oursement For: Primary General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	85.90
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
		07 26 2014
	Signature	

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				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Myeisha M Ross				07 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3411 Asher Ave			Amo	unt
City	State	Zip Code		30.00
Little Rock	AR	72209		saction ID : f8bcbd43-a2f6-451c-9 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		M M 7 24 7 2014
Name of Federal Candidate		Support	Office Soug	ht: House District:00
Mr. Mark L Pryor		X Oppose	Presid	dent X Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disburseme	nt For:
Full Name of Payee Antoinette Franklin  Mailing Address 8822 Apple St				of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City	State	Zip Code	$ \Gamma$	45.00
New Orleans	LA	70188		saction ID: 2ef3e4df-2950-453b-b of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		07 / 24 / 2014
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Ms. Mary L Landrieu		X Oppose	Presi	dent X Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disburseme 2014	ent For:  Primary
(a) SUBTOTAL of Itemized Independent Expendent	litures		•	75.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	4 4 4
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07	26 2014
Signature				

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OF

Schedule E)		101120		PAGE 109 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on /	D = D / Y = Y = Y
Full Name of Payee Xavier Miller			M = M /	Distribution/Dissemination
Mailing Address 407 randall Dr			Amount	24 2014
City	State	Zip Code		80.00
	AR	72143		D: f43a48ce-bb29-4a76-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee Xavier Miller			M = M	c Distribution/Dissemination
Mailing Address 407 randall Dr			O7 Amount	24 2014
City	State	Zip Code		86.70
Searcy	AR	72143		D: f6fea1fc-7ef5-4015-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 O7	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For: 2014 Other (sp	Primary X General Decify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures			·	166.70
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its agr	or authorized			
Ms. Emily Buchanan Signature	[Electroni	cally Filed] Date	07 / 26	2014

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
V	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Melanie Slagle	07 24 2014
	Mailing Address 77 Southridge Drive	Amount
	City State Zip Code	3.00
	Spruce Pine NC 28777	Transaction ID : e5dd4c73-3d50-4576-b  Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07
	Name of Federal Candidate Support Office	ce Sought: House District:00
	Ms. Kay Hagan	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disl 201	bursement For: Primary X General
		Other (specify) ▶
	Full Name of Payee  Melanie Slagle	Date of Public Distribution/Dissemination
	Mailing Address 77 Southridge Drive	07 24 2014 Amount
	City State Zip Code	3.00
	Spruce Pine NC 28777	Transaction ID : 7add8e2b-f5ee-4294-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
	Name of Federal Candidate Support Offi	ice Sought: House District: 00
	Ms. Kay Hagan Oppose	President Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Dis 201	bursement For:  Primary  General  Other (specify) ▶
	(a) SUBTOTAL of Itemized Independent Expenditures	6.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
	Signature	

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Schedule E)	I LAFLIND	ITONES		PAGE 111 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Lesley Lennox			Date of Public	Distribution/Dissemination
Mailing Address 2305 Cleary Ave			O7 Amount	24 2014
City	State	Zip Code		20.00
Metairie	LA	70001		D: 3f69e9c0-325e-4409-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 /	24 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	73130.54	Disbursement For: 2014 Other (sp	Primary ☐ General
Full Name of Payee				Distribution/Dissemination
Lesley Lennox			07	24 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		2.10
Metairie	LA	70001		D: e9e0a284-b382-4f45-b ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 /	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	73130.54	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	ne.			22.10
(a) COBTOTAL OF HOMIZED INDEPONDENT EXPONDING			7	22.10
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>&gt;</b>	
(c) TOTAL Independent Expenditures			<b>)</b>	4 1 2
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	M M / D D D 26	2014
Signature				

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New	report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	07 / D D / Y Y Y Y Y Y 2014
Mailing Address 632 Cameron Court	Amount
City State	Zip Code 65.00
Kenner LA	70065 Transaction ID : 4d7fd3e3-a1df-40d2-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disbursement For: ☐ Primary ☐ General Other (specify) ►
Full Name of Payee Cassidy Quartararo  Mailing Address 632 Cameron Court	Date of Public Distribution/Dissemination  07 24 2014  Amount
City State	Zip Code 9.48
Kenner LA	70065 Transaction ID: 80ed3535-bdc0-4206-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 07 24 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	73130.54 Disbursement For: Primary General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	74.48
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>&gt;</b>
(c) TOTAL Independent Expenditures	• • • • • • • • • • • • • • • • • • •
	res reported herein were not made in cooperation, consultation, or concert zed committee or agent of either, or (if the reporting entity is not a political
	tronically Filed] Date 07 26 2014
Signature	

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OF

Schedule E)	LIVI EXI EIVE	TIONES	PAGE 113 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Timothy Foley			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20679 Glenbrook Terrace			Amount
City	State	Zip Code	80.00
Sterling	VA	20165	Transaction ID : 00de8443-7ee9-4f29-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	175466.55	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Francis Richardson			07 24 2014
Mailing Address 220 Doucet Rd			Amount
City	State	Zip Code	27.00
Lafayette	LA	70503	Transaction ID : c35c975e-6b88-4e5a-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		73130.54	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		. • 107.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
-			

ooneddie Ej	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	te of Public Distribution/Dissemination
Francis Richardson	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 220 Doucet Rd	nount
City State Zip Code	3.15
Lafayette LA 70503 Tra	ansaction ID : 31de5d41-c61b-4314-b te of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07
Name of Federal Candidate Support Office Sou	ught: House District: 00
Ms. Mary L Landrieu Pres	sident State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	1
Full Name of Payee Da	Other (specify) ►ate of Public Distribution/Dissemination
Glenda McKinney	or 24 2014
Mailing Address 308 West Main Street An	nount
City State Zip Code	30.00
	nsaction ID : 2a1f3759-8dcb-4576-8 ate of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 24 2014
Name of Federal Candidate Support Office So	ught: House District: 00
	esident Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbursen 2014	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	33.15
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made i with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 07	26 2014
Signature	

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OF

- Cricadi	,		FOR SE	OF FORM 24/48
	COMMITTEE (In Full)	F	EC IDENTIFICA	TION NUMBER ▼
vvome	n Speak Out PAC		C C0053076	6
Check if	24-hour report X 48-hour report New report Amends report f	iled on	M / D D	/ Y = Y = Y
	ame of Payee	Date of	Public Distribution	on/Dissemination
	ka S Dudley		)7 / D D D 24	2014
Mailing	g Address 4367 Splitlog Rd	Amount	t	
City	State Zip Code			70.00
Good	•		ction ID : 479770 Disbursement o	
Purpos Salary	se of Expenditure  Category/ Type  001	М	07 / D D D 24	2014
Name	of Federal Candidate Support O	ffice Sought:	House	District:00
Mr. M	ark L Pryor Oppose	Presiden	nt X Senate	State: AR
	alchaal Ical Io Datc	isbursement		ary X General
-		Oth	ner (specify) -	
Full Nari	ame of Payee Inda S Dudley	M	-M / D D	on/Dissemination
Mailing	g Address 4367 Splitlog Rd	Amount	07 24 t	2014
City Good	State Zip Code  Iman MO 64843	Transac	tion ID : 278376	70.00 <b>2b-a325-4b95-9</b>
	se of Evnanditure	Date of	f Disbursement o	r Obligation
Salar			07 / 24	2014
Name	of Federal Candidate Support O	office Sought:	House	District: 00
Mr. M		Presider		State: AR
	Calendar Year-To-Date	isbursement 014		ary X General
		Otr	ner (specify) ► _	
(a) SUI	BTOTAL of Itemized Independent Expenditures			140.00
(b) SUI	BTOTAL of Unitemized Independent Expenditures			1 1 2
(c) TO	TAL Independent Expenditures			
with, or	penalty of perjury I certify that the independent expenditures reported herein were not at the request or suggestion of, any candidate or authorized committee or agent of eigenmittee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electronically Filed] Date	M M /		2014
Sign	ature	التا	ئــا لــتــ	

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	meduic L)			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	IDENTIFICATION	ON NUMBER ▼
۷۱	Vomen Speak Out PAC		С	C00530766	
Ch	eck if 24-hour report X 48-hour report New report Amends report to		и = м	/ D = D /	Y = Y = Y = Y
٦	Full Name of Payee	Date	of Pub	lic Distribution	/Dissemination
	Sarinda S Dudley	[	07	/ D D /	2014
	Mailing Address 4367 Splitlog Rd	Amou	unt		
	City State Zip Code				24.60
	Goodman MO 64843			ID: a26c0706 oursement or C	
	Purpose of Expenditure Mileage  Category/ Type  002		07 07	24	2014
	Name of Federal Candidate Support C	Office Sough	nt:	House	District:00
	Mr. Mark L Pryor Oppose	Presid		Senate	State: AR
	Odichdal Ical Io Date	Disbursemer		Primary	General
			Other (s	specify) 🕨	
	Full Name of Payee Mr. Roger McKinney		M = M	olic Distribution	Y = Y = Y
	Mailing Address 308 West Main Street	Amor	07 unt	24	2014
	City State Zip Code	-	_		30.00
	Pilot Mountian NC 27041	Trans	action	ID: 2866dc38	-45ac-4815-b
	Purpose of Expenditure Salary  Category/ Type  001	Date	M M M	bursement or (	2014
	Name of Federal Candidate Support C	Office Soug	ht:	House	District: 00
		Presid		X Senate	State: NC
	Calendar Year-To-Date	Disburseme 2014		Primary	General
	(a) SUBTOTAL of Itemized Independent Expenditures				54.60
	(b) SUBTOTAL of Unitemized Independent Expenditures	- [			1 1 7
	(c) TOTAL Independent Expenditures	-		4	
١	Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of e party committee) any political party committee or its agent.				
	Ms. Emily Buchanan [Electronically Filed] Date	M M /	26	D / Y Y 201	4 Y
	Signature				

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Schedule E)	NI EXPEND	JII ONES	PAGE 117 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee Mr. Roger McKinney			Date of Public Distribution/Dissemination
Mailing Address 308 West Main Street			07 24 2014
			Amount
City	State	Zip Code	9.18
Pilot Mountian	NC	27041	Transaction ID: a5f662c7-d2e5-46e4-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:  Primary
Full Name of Payee			Date of Public Distribution/Dissemination
Barbra L Landry			07 24 2014
Mailing Address 2992 Wright Ave			Amount
City	State	Zip Code	65.00
Fayetteville	AR	72704	Transaction ID : d965c800-2c28-4c81-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	<b>-</b>	33647.17	Disbursement For: ☐ Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	uroc		74.18
(a) SOBTOTAL OF REMIZED INDEPENDENT EXPENDITE	1163		74.10
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		· •
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan	[Electro	nically Filed] Date	07
Signature			

Schedule E)			<u> </u>	GE 118 OF 134 R SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	TIFICATION NUMBER ▼
Women Speak Out PAC			C C00	530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D
Full Name of Payee Barbra L Landry			M = M / E	stribution/Dissemination
Mailing Address 2992 Wright Ave			O7 Amount	24 2014
City	State	Zip Code		4.50
Fayetteville	AR	72704	Transaction ID : 7 Date of Disburser	7b41de01-70ef-4b17-9
Purpose of Expenditure Mileage		Category/ Type 002		24 2014
Name of Federal Candidate		Support	Office Sought:	louse District: 00
Mr. Mark L Pryor		X Oppose	<u> </u>	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	33647.17	Disbursement For: 2014 Other (specify	Primary
Full Name of Payee Patrice Wolfe			M M / E	stribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			O7 Amount	24 2014
City	State	Zip Code		17.50
Little Rock	AR	72205		812d4d0-615d-4413-a ment or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	24 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose		Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	33647.17	Disbursement For: 2014 Other (specification)	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		·	22.00
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			·	7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	07 26 /	2014

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report  48-hour report  New report Amends report filed	i on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Patrice Wolfe	07 24 2014
Mailing Address 9909 Treasure Hill Rd	Amount
City State Zip Code	4.50
Little Rock AR 72205	Transaction ID : ca0f7736-43b0-4d97-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 24 Y 2014
Name of Federal Candidate Support Offic	e Sought: House District:00
Mr. Mark L Pryor Oppose	President State: AR
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Rebecca Deucher	07 24 2014
Mailing Address 4800 Vass Carthage Rd	Amount
City State Zip Code	85.00
Carthage NC 28394	Transaction ID : b9ea3e97-6267-4bfb-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 / 24 / 2014
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	89.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

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Schedule E)	PENT EXICINE	TI OTILO	PAGE 120 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rebecca Deucher			07
Mailing Address 4800 Vass Carthage Rd			Amount
City	State	Zip Code	22.50
Carthage	NC	28394	Transaction ID: ead51685-864a-4063-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 D D 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	175466.55	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Laura U Logie			07 D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2565 Shire Circle			Amount
City	State	Zip Code	35.00
Harrisonburg	VA	22801	Transaction ID: c38672ff-4001-4182-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:
(a) SUBTOTAL of Itemized Independent Exper	ditures		57.50
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	ndidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	07
- 3			

		FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷V	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Т	Full Name of Payee	Date of Public Distribution/Dissemination
	Jeanne Tribou	07 24 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 22369 Ponderosa Dr.	Amount
ŀ	City State Zip Code	30.00
	Mandeville LA 70471	Transaction ID : fc5d9d84-4ec7-4ef5-b Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07 24 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbur 2014	sement For:
	Full Name of Payee  Jeanne Tribou  Mailing Address 22369 Ponderosa Dr.	Date of Public Distribution/Dissemination
		Amount
	City State Zip Code	6.90
		Transaction ID: 12fa7025-2d13-4e09-a Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07 24 2014
	Name of Federal Candidate Support Office	Sought: House District: 00
	Ms. Mary L Landrieu Oppose	President Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	sement For: Primary
(8	a) SUBTOTAL of Itemized Independent Expenditures	36.90
(l	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	C) TOTAL Independent Expenditures	1 4 1 4 1 6
W	nder penalty of perjury I certify that the independent expenditures reported herein were not marith, or at the request or suggestion of, any candidate or authorized committee or agent of either, arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 07	M / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

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OF

Schedule E)	PAGE 122 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed on	M / D = D / Y = Y = Y = Y
Full Name of Payee Nathan D Wirebaugh	Public Distribution/Dissemination
Mailing Address 7320 Red Maple Dr  Amount	
	30.00 ction ID : 740b7377-de12-4f4d-8
Purpose of Expenditure Salary  Category/ Type 001  Or	
Name of Federal Candidate Support Office Sought:	House District: 00
Ms. Kay Hagan  Ms. Kay Hagan  Oppose  President	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014  Othe	For: Primary X General er (specify) ▶
Full Name of Payee Benjamin Hernandez  Date of	Public Distribution/Dissemination
Mailing Address 915 E Market Ave Amount	7 24 2014
	85.00 tion ID : b39d2914-d547-4cc6-b
Purpose of Expenditure Salary  Category/ Type 001 07	
Name of Federal Candidate Support Office Sought:	House District: 00
Mr. Mark L Pryor	
Calendar Year-To-Date Per Election for Office Sought  Disbursement F 2014 Other	For: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	115.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cocwith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date 07	26 / 2014

Schedule E)	PENT EXI EN	SHORLS	PAGE 123 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Benjamin Hernandez			07
Mailing Address 915 E Market Ave			Amount
City	State	Zip Code	38.10
Searcy	AR	72149	Transaction ID : 2e097af9-71d5-47f6-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			07 24 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	70.00
Winchester	VA	22602	Transaction ID: eb905212-5345-444c-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	ditures		. ▶ 108.10
(b) SUBTOTAL of Uniternized Independent Exp	penditures		
(1)			4 4
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	07 26 7 2014
- 3			

FEC IDENTIFICATION NUMBER ▼   C   C00530766		medule Ly		FOR SE OF	FORM 24/48	
C C00530766  Check if						
Full Name of Payee Rodney D Culbreth  Mailing Address 100 Asbury CT 3200 Dam Neck Rd  City State Zip Code Winchester VA Z2802  Purpose of Expenditure Salary Oppose  Category' Name of Federal Candidate Ms. Kay Hagan  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Transaction ID: 6177267-7331-4946- Date of Public Distriction/Dissemination  Oppose  Distrusement or Obligation  Full Name of Pederal Candidate  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Transaction ID: 6177267-7331-4946- Date of Public Distriction/Dissemination  Oppose  Distrusement For: Primary General  Zo14 Other (specify) ▶  Date of Public Distriction/Dissemination  Oppose  Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Sacrcy AR 72143  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Purpose of Expenditure Salary  Category/ Oppose  Category/ Type 001  Office Sought: House District: 00  Transaction ID: ddbd14351-b554-4546-b  Date of Public Distribution/Dissemination  Office Sought: House District: 00  Transaction ID: ddbd14351-b554-4546-b  Date of Public Distribution/Dissemination  Office Sought: House District: 00  Transaction ID: ddbd14351-b554-4546-b  Date of Public Distribution/Dissemination  Oppose  Transaction ID: ddbd14351-b554-4546-b  Date of Public Distribution/Dissemination  Oppose  President Senate State: AR  Disbursement For: Primary General  Other (specify) ▶  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) arry committee) arry committee or agent of either, or (if the reporting entity is not a political party committee) arry committee or agent of either, or (if the reporting entity is not a political party committee) arry committee or agent of either, or (if the reporting entity is not a political party co	۷۷	omen opeak Out PAC	С	; C00530766		
Rodney D Culbreth  Mailing Address 100 Asbury CT	Che	eck if 24-hour report X 48-hour report New report Amends report filed of		/ D = D /	Y = Y = Y = Y	
Mailing Address 100 Asbury CT 3200 Dam Neck Rd  City State Zip Code Winchester VA Z2602  Purpose of Expenditure Salary  Name of Federal Candidate  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code  AR 72143  Purpose of Expenditure Searcy AR 72143  Purpose of Expenditure Salary  Purpose of Expenditure Salary  Calendar Year-To-Date Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Category/ Dot Office Sought  Disbursement For: Primary General 2014  Amount  Transaction ID : 017726/7-7331-4966-a Date of Disbursement or Obligation  To 0 00  Transaction ID : 017726/7-7331-4966-a Date of Disbursement or Obligation  To 0 00  President Senate State: NC Disbursement For: Primary General 2014  Amount  Transaction ID : 017726/7-7331-4966-a Date of Disbursement For: Disbursement or Obligation  To 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Т		Date of Pu	ublic Distribution/[	Dissemination	
City State Zip Code Vinchester VA 22602  Purpose of Expenditure Salary VA 22602  Name of Federal Candidate Support Calendar Year-To-Date Per Election for Office Sought 175466.55  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Taylor N Randidate Apt 40  City State Zip Code Taylor N Randidate Apt 40  City State Zip Code Salary Oppose Of Expenditure Salary Disbursement or Obligation Transaction ID: 91772817.73314.996-a Date of Disbursement For: Disbursement For: Primary General Per Election for Office Sought 175466.55  Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Salary Category/ Do11  Name of Federal Candidate Salary Oppose Of Expenditure Salary Oppose Of Expenditure Salary Oppose Of Expenditure Salary Oppose O		•				
City   State   Zip Code   Tansaction D: 0177267-731-49d6-n			Amount			
Winchester  VA 22602  Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Name of Page Apt 40  City Searcy AR  Total  Name of Expenditure Salary  Name of Federal Candidate  Mailing Address 2002 E Park Ave Apt 40  City Searcy AR  Total  Name of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Public Distribution/Dissemination  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Public Distribution/Dissemination  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement or Obligation  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement or Obligation  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disbursement For:  Transaction ID: d0bdrd 451-b554 - 454c-b Date of Disburse	ŀ		T.		70.00	
Purpose of Expenditure Salary  Name of Federal Candidate  Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailing Address Apt 40  City Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Amount  Category/ Type  Ont  Office Sought: House District: 00  Date of Public Distribution/Dissemination  Office Sought: President  Other (specify)   Date of Public Distribution/Dissemination  Office Sought: Amount  Amount  Amount  City Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate  Mr. Mark L Pryor  Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Office Sought: House District: 00  President Search  Search  Other (specify)   Other (specify)   Other (specify)   Other (specify)   (c) TOTAL Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) and party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed] Date  Office Sought: House District: 00  Office Sought: House Distric					733f-49d6-a	
Ms. Kay Hagan  Calendar Year-To-Date Per Election for Office Sought  Full Name of Payee Taylor N Randall  Mailling Address 2002 E Park Ave Apt 40  City Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Name of Payee Taylor N Randall  Mailling Address 2002 E Park Ave Apt 40  City Salary  Category/ Type 001  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Taylor N Randall  Name of Federal Candidate Mr. Mark L Pryor  Category/ Type  Office Sought:  House District:  O  President Searle State: AR  Disbursement For: Primary Senate State: AR  Cother (specify) ▶  Identify Other (specify) ▶  Identify Other (specify) ▶  Identify Office Sought Senate State:  Identify Office Sought Senate State:  Identify Office Sought Senate State:  Identify Office Sought Senate Sena	Ī	Salany Category/ 001	M = M	/ D D /	YYYY	
Ms. Kay Hagan    Calendar Year-To-Date   President   Senate   State: NC	ŀ	Name of Federal Candidate Support Office	Sought:	House [	District: 00	
Per Election for Office Sought    175466.55		Ms. Kay Hagan			NO	
Full Name of Payee Taylor N Randall  Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Unitermized Independent Expenditures  Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date To Uption Distriction/Dissemination  Date of Public Distriction/Dissemination  Transaction ID: ddbc1451-1554-454c-b Date of Disbursement or Obligation  Transaction ID: ddbc1451-15554-454c-b Date of Disbursement or Obligation  Transaction ID: ddbc1451-15564-454c-b Date of Disbursement or Obligation  Transaction ID: ddbc1451-1556-454c-b Date of Disbursement or Obligation  Transaction ID: ddbc1451-1556-454c-b		475 400 55			X General	
Taylor N Randall  Mailing Address 2002 E Park Ave	ŀ					
Mailing Address 2002 E Park Ave Apt 40  City State Zip Code Searcy AR 72143  Purpose of Expenditure Salary Oppose Salary Oppose Office Sought State State:  Mr. Mark L Pryor Sought Search Oppose Office Sought State:  Calendar Year-To-Date Per Election for Office Sought State:  (a) SUBTOTAL of Itemized Independent Expenditures			M = M	/ D D /	Y Y Y Y Y	
Apt 40  City State Zip Code 50.00  Searcy AR 72143  Purpose of Expenditure Salary  Name of Federal Candidate Support Mr. Mark L Pryor Sought S	1	Mailing Address 2002 E Park Ave		24	2014	
Searcy AR 72143    Transaction ID: ddbd1451-b554-454c-b Date of Disbursement or Obligation		Apt 40	Amount			
Purpose of Expenditure Salary    Date of Disbursement or Obligation   Date of Disburs	ŀ	City State Zip Code			50.00	
Purpose of Expenditure Salary    Category/ Type			Transactio Date of D	n ID : ddbd1451- isbursement or O	<b>b554-454c-b</b> bligation	
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures		Salary Category/ 001	M = M	/ D D /	YYYY	
Mr. Mark L Pryor  Calendar Year-To-Date Per Election for Office Sought  (a) SUBTOTAL of Itemized Independent Expenditures	ľ	Name of Federal Candidate Support Office	Sought:	House [	District: 00	
Per Election for Office Sought  33647.17  Other (specify) ▶  (a) SUBTOTAL of Itemized Independent Expenditures			_		State: AR	
(a) SUBTOTAL of Itemized Independent Expenditures		2014			General	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	a) SUBTOTAL of Itemized Independent Expenditures		7	120.00	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date  Date	(	b) SUBTOTAL of Unitemized Independent Expenditures		7 7		
with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.  Ms. Emily Buchanan  [Electronically Filed]  Date    Date	(	c) TOTAL Independent Expenditures		7		
[Electronically Filed] Date 07 26 2014	W	vith, or at the request or suggestion of, any candidate or authorized committee or agent of either,				
Duto vi		[F1 - 4				
		Date				

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OF

Schedule E)	INT EXI END	JITONES	PAGE 125 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Taylor N Randall			07
Mailing Address 2002 E Park Ave			Amount
Apt 40			
City	State AR	Zip Code 72143	96.75 Transaction ID : c5daaacd-902c-4d57-b
Searcy	AK	72143	Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 24 7 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Tabetha D Espenschied			07
Mailing Address 2002 East Park Ave			Amount
Apt 40			
City	State	Zip Code	100.00
Searcy	AR	72143	Transaction ID : b08c36b8-8eed-416e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		196.75
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			·
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	07
5.g.iataro			

Schedule E)		PAGE 126 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
Check if 24-hour report X 48-hour report New r	report Amends report fil	ed on M M / D D / Y Y Y Y Y
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination
Mailing Address 100 Asbury Ct		07 22 2014 Amount
City State	Zip Code	70.00
Winchester VA	22602	Transaction ID : 24000d66-1f2f-4bd2-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 / 22 / 2014
Name of Federal Candidate	Support Off	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	175466.55 Dis	sbursement For: Primary X General  14 Other (specify) ▶
Full Name of Payee Rodney O Culbreath		Date of Public Distribution/Dissemination  07
Mailing Address 100 Asbury Ct		Amount
City State	Zip Code	60.00
Winchester VA	22602	Transaction ID: 7b2e0245-3072-418d-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	07 23 / 2014
Name of Federal Candidate	Support Of	fice Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		sbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	·····	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	<b>_</b>	
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.		
	ronically Filed] Date	07 26 2014
Signature		

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Rze Culbreath	07 22 / 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	70.00
Winchester VA 22602	Transaction ID: 9a246bb3-2885-4d4e-b Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought 175466.55	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
Full Name of Payee	
Rze Culbreath	Date of Public Distribution/Dissemination  07  23  2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID : ebbd28ff-22f2-4f2c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	07 DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 175466.55	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	130.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were r with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
Signature	

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OF

Schedule E)		10.120		PAGE 128 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC II	DENTIFICATION NUMBER ▼
Women Speak Out PAC			C	C00530766
Check if 24-hour report X 48-hour re	eport New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Jon E Conner			07 O7	/ 22 2014
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602		ID: ca405cc9-9f97-40e1-b ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	22 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		X Oppose		Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	1	75466.55	Disbursement For: 2014 Other (sp	Primary
Full Name of Payee			Date of Publi	ic Distribution/Dissemination
Jon E Conner			07	23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Asbury Ct			Amount	
City	State	Zip Code		60.00
Winchester	VA	22602	Transaction II Date of Disb	<b>D</b> : 47601279-95bd-4199-8 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07	23 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: 2014 Other (s	Primary X General
(a) SUBTOTAL of Itemized Independent E	Expenditures		. >	120.00
(b) SUBTOTAL of Unitemized Independen	it Expenditures		. >	
(c) TOTAL Independent Expenditures			•	4
Under penalty of perjury I certify that the with, or at the request or suggestion of, ar party committee) any political party commi	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	ically Filed] Date	07 26	2014
Signature				

Schedule E)	ENT EXILIN	DITORLO	PAGE 129 OF 134 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			07 24 7 2014
112 apacific Di			Amount
City	State	Zip Code	85.00
Search	AR	72149	Transaction ID: 7216ee14-ab8c-41d6-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Anthony Pearson			07 24 2014
Mailing Address 112 apache Dr			Amount
City	State	Zip Code	38.10
Search	AR	72149	Transaction ID : 90fc6094-f874-4a6e-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	07 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		33647.17	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		123.10
(b) SUBTOTAL of Unitemized Independent Exp	enditures		•
(c) TOTAL Independent Expenditures			•
	ididate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 07 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 3			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Chris McCoy	07 24 Y 2014
Mailing Address 1025 Cayley Ct	Amount
City State Zip Code	55.00
High Point NC 27260	Transaction ID : f0b0b8b0-44b7-4271-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	07 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary
Full Name of Pause	
Full Name of Payee Chris McCoy	Date of Public Distribution/Dissemination  07 24 2014
Mailing Address 1025 Cayley Ct	07 24 2014 Amount
City State Zip Code	13.80
· ·	Transaction ID : 545f6f23-c9d5-4ac0-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	07 / 24 / 2014
Name of Federal Candidate Support Office	Sought: House District:00
Ms. Kay Hagan Oppose	President State: NC State:
Calendar Year-To-Date Per Election for Office Sought  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	68.80
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	7 26 2014
Signature	

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OF

	include Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷۱	Vomen Speak Out PAC	C C00530766
Ch	eck if 24-hour report X 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
	Full Name of Payee	Date of Public Distribution/Dissemination
	Nathan Smith	07 24 2014
	Mailing Address 1247 W Mt Comfort Rd	Amount
	City State Zip Code	37.60
	Fayatteville AR 72703	Transaction ID: 5981ee05-66f3-4d1b-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	07 / 24 / Y 2014
	Name of Federal Candidate Support Office	ce Sought: House District: 00
	Mr. Mark L Pryor	President Senate State: AR
	Calcificati to Bate	bursement For: Primary X General
	Per Election for Office Sought 33647.17 201	Other (specify) ▶
	Full Name of Payee Nathan Smith	Date of Public Distribution/Dissemination
	Mailing Address 1247 W Mt Comfort Rd	07 24 2014
		Amount
	City State Zip Code	8.22
	Fayatteville AR 72703	Transaction ID: 493af37e-c349-41eb-b Date of Disbursement or Obligation
	Purpose of Expenditure Mileage  Category/ Type  002	07
	Name of Federal Candidate Support Off	ice Sought: House District:00
	Mr. Mark L Pryor Oppose	President Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought  Dis 20	bursement For: Primary General Other (specify)  General
	(a) SUBTOTAL of Itemized Independent Expenditures	45.82
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
,	Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date	07 26 2014
	Signature	

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OF

Ms. Emily Buchanan

Signature

mage# 14962159981 24/48 HOUR REPORT OF INDEP	ENDENT EXPENDI	ITURES		
Schedule E)	LINDLINI LAI LIND.	TOTILO		134
NAME OF COMMITTEE (In Full)			FOR SE OF FORM 24/	
Women Speak Out PAC			FEC IDENTIFICATION NUMBE	£R ▼
			C C00530766	
Check if 24-hour report X 48-hour r	report New repo	ort Amends repo	ort filed on	Y
Full Name of Payee Danielle McCoy			Date of Public Distribution/Disseminat	
Mailing Address 1025 Cayley Ct			07 24 2014	
1020 00,10, 01			Amount	
City	State	Zip Code	55	5.00
High Point	NC	27260	Transaction ID: 14a838d6-3c1b-4d6  Date of Disbursement or Obligation	3-a
Purpose of Expenditure Salary		Category/ Type 001	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	1	175466.55	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	neral
Full Name of Payee			Date of Public Distribution/Disseminat	tion
Danielle McCoy			07 24 2014	
Mailing Address 1025 Cayley Ct			Amount	
City	State	Zip Code	12.3	30
High Point	NC	27260	Transaction ID: 6575544f-1b48-4836- Date of Disbursement or Obligation	.9
Purpose of Expenditure Mileage		Category/ Type 002	07 / D D D / Y Y Y 14	
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		Oppose		NC
Calendar Year-To-Date Per Election for Office Sought		175466.55	Disbursement For: ☐ Primary ☐ Ge 2014 ☐ Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent E	Expenditures		67.30	,
(b) SUBTOTAL of Unitemized Independen	nt Expenditures		~ <b>&gt;</b>	
			7 7	
(c) TOTAL Independent Expenditures			•	
	ny candidate or authorized		not made in cooperation, consultation, or cor of either, or (if the reporting entity is not a pol	

[Electronically Filed]

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Date

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	Siledule Ly	FOR SE OF FORM 24/48			
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼			
۷	Vomen Speak Out PAC	C C00530766			
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on Man / Dad / Yayayay			
	Full Name of Payee	Date of Public Distribution/Dissemination			
	Serena A Jones	07 22 2014			
	Mailing Address 7151 Mullins Drive	Amount			
	City State Zip Code	90.00			
	Saltville VA 24370	Transaction ID : 1cc2d98d-20e5-4b68-9 Date of Disbursement or Obligation			
	Purpose of Expenditure Salary  Category/ Type  001	07 22 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Office	e Sought: House District: 00			
	Ms. Kay Hagan Oppose	President State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disbt 2014	ursement For: Primary X General			
	Per Election for Office Sought	Other (specify) ▶			
	Full Name of Payee Serena A Jones	Date of Public Distribution/Dissemination			
	Mailing Address 7151 Mullins Drive	07 22 2014 Amount			
	City State Zip Code	23.70			
	Saltville VA 24370	Transaction ID : b4fd4585-683d-4dbc-a Date of Disbursement or Obligation			
	Purpose of Expenditure Mileage  Category/ Type  002	07 D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
	Name of Federal Candidate Support Offic	e Sought: House District: 00			
	Ms. Kay Hagan Oppose	President State: NC			
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary			
(a) SUBTOTAL of Itemized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures					
	(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
		07 26 2014			
	Signature				

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	uuic L)		FOR SE OF	FORM 24/48	
	OF COMMITTEE (In Full)	FEC	IDENTIFICATION	N NUMBER ▼	
vvon	nen Speak Out PAC	С	C00530766		
Check if 24-hour report					
		Date of Pu	ıblic Distribution/	Dissemination	
	erena A Jones	07	/ D D /	2014	
Ма	illing Address 7151 Mullins Drive	Amount			
Cit	y State Zip Code			80.00	
	altville VA 24370 T		on ID : 24c134a4 sbursement or C	-8a0a-47c1-a	
	rpose of Expenditure Category/ Type 001	M M M		2014	
Na	me of Federal Candidate Support Office S	ought:	House	District: 00	
Ms	s Kay Hagan	resident	X Senate	State: NC	
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For	,	X General	
$\vdash$		Other	(specify) ►		
	Il Name of Payee erena A Jones	M = M		Y   Y   Y   Y	
Ma	ailing Address 7151 Mullins Drive	07 Amount	24	2014	
		Amount			
Cit	y State Zip Code		7-1-1-7	23.40	
			n <b>ID : 6c273f29-</b> 4 sbursement or C		
	rpose of Expenditure ileage Category/ Type 002	07	24	2014	
Na	me of Federal Candidate Support Office S	Sought:	House	District:00	
Ms		resident		State: NC	
		ement Fo		X General	
		Otner	(specify) ►		
(a) SUBTOTAL of Itemized Independent Expenditures					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
	Ms. Emily Buchanan [Electronically Filed] Date 07	/ D		Y	
5	Signature	تال			

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